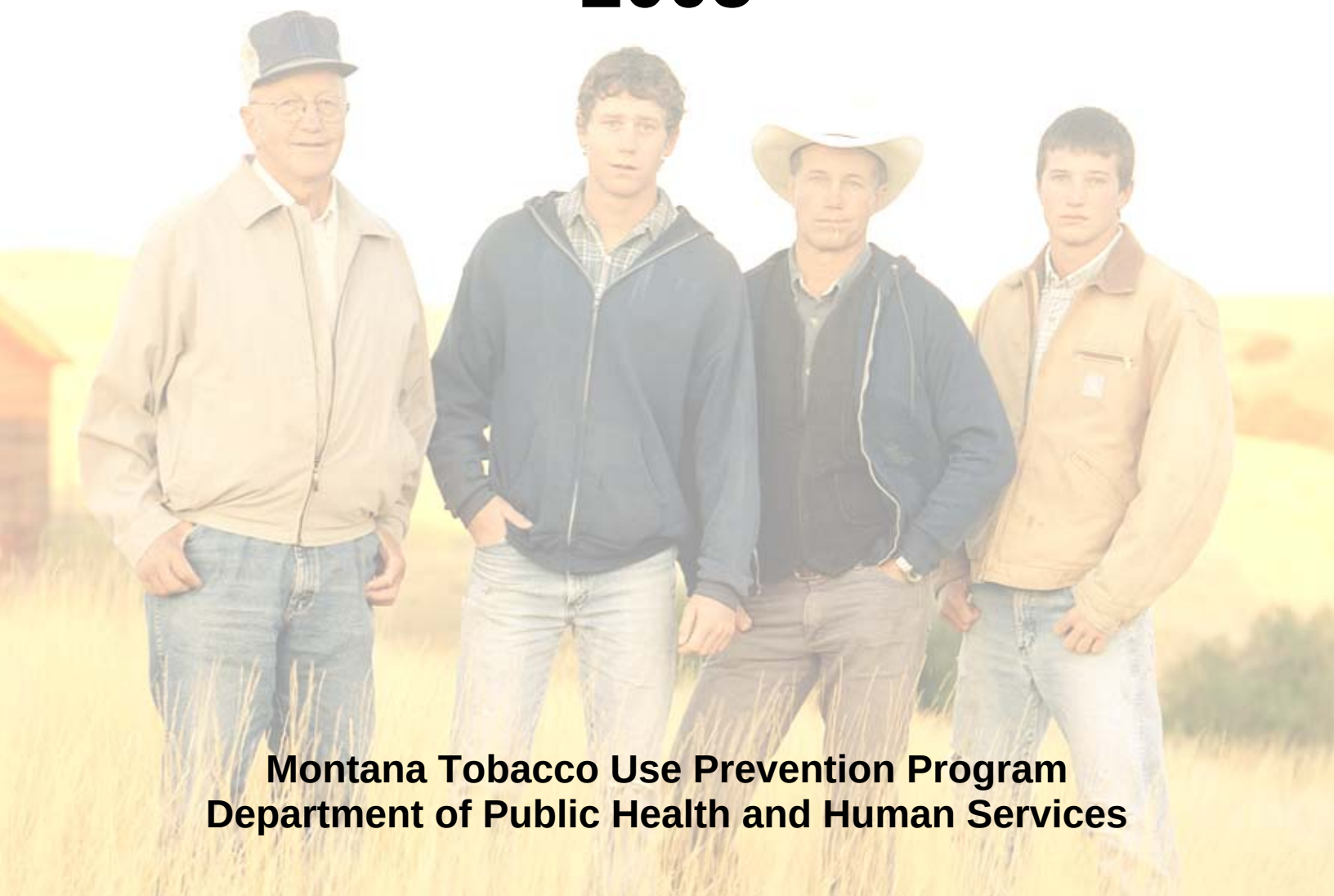
Montana
Adult Tobacco Survey
2005



Montana Tobacco Use Prevention Program
Department of Public Health and Human Services

July 2006

MONTANA
Department of Public Health & Human Services

Montana **T**obacco **U**se **P**revention **P**rogram

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Montana **T**obacco **U**se **P**revention **P**rogram

The Montana Adult Tobacco Survey 2005

Highlights

The Adult Tobacco Survey (ATS) is conducted in 17 states under a cooperative agreement with the Centers for Disease Control and Prevention (CDC). Montana conducted the survey in 2004 and 2005.

In 2005, 2246 Montanans chosen at random to represent all residents of the state participated in the telephone survey. They answered questions about their tobacco use, efforts to quit, exposure to second-hand smoke, and opinions about tobacco-related public policies.

- 56% have never smoked.
- 26% are former smokers who have quit.
- 18% are current smokers.
- 50% of current smokers have tried to quit.
- 61% of current smokers are considering quitting in the next six months.

- 68% have never used spit tobacco.
- 25% are former spit users who have quit.
- 13% men are current spit tobacco users.
- 34% of spit tobacco users have tried to quit.
- 47% of spit tobacco users are considering quitting in the next six months.

- 85% were aware of the Montana Clean Indoor Air Act.
- 80% support the Clean Indoor Air Act.
- 65% would support additional cigarette tax.

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INTRODUCTION

All states in the United States have had tobacco control and prevention programs since 1996 and some started much earlier. These efforts are funded in part by the Centers for Disease Control and Prevention (CDC) through cooperative agreements with the states. As part of the agreements, states must evaluate progress in tobacco prevention, cessation, exposure to second-hand smoke, and community attitudes and values surrounding tobacco use. Montana was part of the national Master Settlement Agreement of 1998 that awarded payments to states from the tobacco companies. In 2000, the Montana Department of Public Health and Human Services and the Governor's Advisory Council on Tobacco Use Prevention published a five-year plan to be funded in part by Montana's tobacco settlement funds. In 2004, the plan was extended through 2010. It is essential to monitor the progress of the plan and to evaluate the efficacy of programs using state and federal tobacco prevention funds. Population-based surveys are the only way to obtain accurate and representative data about the residents of a state.

The 2005 Montana Adult Tobacco Survey (ATS) was designed to produce statewide representative information on tobacco use, and knowledge and attitudes about tobacco. Montana is one of 17 states that conduct an ATS in collaboration with the CDC. The core questionnaire is standardized for all states so data can be compared across states and can be combined to create national estimates. Individual states may include optional questions supplied by the CDC or they may include state-generated questions about topics of local interest.

The Population

The survey represents non-institutionalized adults (18 years and older) living in residences with telephones. The survey excludes adults living in group quarters such as barracks, boarding houses, convents, dormitories, mental institutions, nursing homes, prisons, or shelters. According to the 2000 Census, approximately 3% of the Montana population lived in group quarters.[1] The survey excludes adults who are not usual residents of the location where they were contacted. The survey excludes individuals who do not speak English. Finally, it excludes individuals who live in residences without telephones. According to the 2000 Census, fewer than 3% of Montana households did not have telephones.

The sample also excludes individuals who have only cell phone service. Nationally, approximately 8% of households do not have landline telephones but have one or more cell phones.[2] The national survey found renters (20%) were more likely than homeowners (4%) to have only cell phone service, households below the poverty level

[1] Montana Department of Commerce, Economic and Demographic Analysis of Montana, Volume II, Demographic Analysis. Center for Applied Economic Research, Montana State University, Billings, December 2004.
[2] http://www.cdc.gov/nchs/products/pubs/pubd/hestats/wireless/wireless2005.htm

(14%) were more likely than higher-income households to have only cell phone service, adults age 18-24 (18%) were more likely than older adults to have only cell phone service, and adults living in households with unrelated roommates were the most likely group to have only cell phone service (34%). These sociodemographic differences among cell phone and landline users have implications for our ability to reach some groups of potential respondents.[3]

The Sample

The sample was selected by random-digit dialing (RDD) from lists of all working landline telephone numbers, a list that includes new numbers and unlisted numbers. The Montana sample was designed to include regions with high and low population densities (i.e., urban and rural) and a region with a relatively high proportion of American Indian residents. To achieve this, there were three geographic strata: counties with high general population and low American Indian population; counties with low general population but high American Indian population; and counties with both low general and low American Indian populations.

Each randomly selected phone number was called up to 15 times or until

- It was determined not to be a working number,
- It was persistently busy,
- It was determined not to be a residential number,
- No eligible adult respondent was identified or available,
- An eligible adult was not able to complete the interview,
- A definitive refusal was received, or
- An interview was completed.

Once an eligible household was identified, the interviewer followed a strict protocol to select an adult to be interviewed. The goal of the selection process was to ensure that the characteristics of the people interviewed represent those of the population of the state as closely as possible in terms of age, sex, and race.

The response rate for the 2005 ATS survey, calculated as the number of respondents who completed the interview divided by the number of calls in which the interviewer identified an eligible respondent, was 62%. This is a modest rate for telephone surveys and less than the goal of 70% generally accepted as providing reliable survey data.[4] The completion rate was 12%, calculated as the number of completed interviews divided by the number of phone numbers called. The denominator includes non-residential numbers, non-working numbers, numbers associated with fax or modem lines, calls that could not be completed for some other reason, and calls to households where there was no eligible respondent available. The completion rate of 12% is an indicator of the low efficiency of RDD to produce a sample of respondents. It is

[3] Blumberg et al., 2006, *Am J Public Health* 96:926-931.
[4] Massey et al., 1997. Response rates in random digit dialing (RDD) telephone surveys. Proc Survey Meth Research Sect, Am Stat Assn 1997:707-712.

necessary to use this rather inefficient system in order to ensure the integrity and representativeness of the sample. Targeted calls might result in a biased selection of respondents.

Does the Sample Represent the Population of the State?

The sampling and statistical weighting procedures (see page 5) were designed to yield a group of respondents that resembled state residents closely in terms of sex, age, and race. Correspondence between the *weighted* sample and the state as a whole for these characteristics was very close. The sample had more married respondents and respondents with more education and income than state residents as a whole. Many surveys find that individuals with higher education are more likely to participate. Given the strong correlation between education and income in the sample, higher educational attainment probably accounts for the higher income of participants as well. In addition, many married adults live in two-income households. Because tobacco use and attitudes about tobacco vary by many sociodemographic factors, the analysis stratified by these factors to the extent possible, given the limitations of the sample size.

	ATS 2005	Statewide[5]
Male	49%	50%
Age		
18-24	14%	13%
25-34	15%	15%
35-54	38%	41%
55-74	15%	14%
75+	18%	17%
Race		
White	93%	91%
American Indian	5%	7%
All Other	2%	2%
Married	68%	57%
Children in the home[6]	36%	33%
Education		
Less than college graduate	66%	78%
College graduate or more education	34%	22%
Household Income		
Below state median	41%	50%
Above state median	59%	50%

[5] http://ceic.commerce.state.mt.us/Publications/MTBYNUMB.PDF ; http://commerce.mt.gov/housing/Indulcdes?CP/word/CP_ED_vol_I.doc

[6] Age 17 years or younger

Quality Assurance

The core and optional questions supplied by the CDC have been developed and validated over a number of years. States may add questions selected from a menu of previously validated questions or may create their own by consulting with subject matter experts and questionnaire design experts. Montana added only two questions that had not been previously validated; these questions were pre-tested in 50 interviews.

Montana contracts with ORC Macro of Burlington, Vermont to conduct the ATS telephone interviews. ORC Macro also provides this service to the Montana Behavioral Risk Factor Surveillance System (BRFSS) survey and to 21 other states conducting the ATS, the BRFSS, or both. They have a staff of experienced telephone interviewers supported by an extensive technologic system, the computer-assisted telephone interviewing system (CATI), which helps interviewers follow a complicated protocol in a consistent way. CATI guides interviewers through contact attempts and respondent selection, follows skip patterns in the questionnaire, and flags invalid responses. Interviewers received extensive training on the questionnaire itself and on interaction with respondents. They are trained to read every question verbatim, to be neutral and non-judgmental, and not to lead or influence respondents' answers.

Limitations of the Data

The cost of conducting the ATS is substantial. Much of the cost is due to the number of calls that must be made because only 12% resulted in completed interviews. The cost and low efficiency of the RDD method limits the sample size that we can ultimately obtain. In 2005, there were 2246 respondents. The sample size restricts the complexity of the analysis we are able to do, especially because there were only 495 current smokers and 112 current spit tobacco users in the sample. In spite of including a geographic stratum with a relatively large American Indian population, there were only 200 American Indians in the sample.

Analysis based on cell sizes less than 30 respondents is potentially unreliable.[7] A cell is a category created by subdividing the sample into groups using one or more characteristics. For example, if we compare the prevalence of smoking among men and women, male smokers are one cell, female smokers are another cell, and so on. If we were to subdivide smokers by sex, race, and education, we would end up with many small cells and possibly empty cells. Statistical analysis based on one or more small cells is likely to be unreliable; analysis based on one or more empty cells is generally considered inappropriate. In addition to creating technical problems for statistical analysis, small cell sizes raise the possibility of loss of confidentiality. Most surveys have a criterion for not reporting information about respondents in small cells. We have not reported on cell sizes less than 20 in the charts and data tables in this report.

[7] Analytic and reporting guidelines: The Third National Health and Nutrition Examination Survey, NHANES III (1988-94) October, 1996 National Center for Health Statistics Centers for Disease Control and Prevention, Hyattsville, Maryland .

Cell size can sometimes be improved by collapsing many small categories into fewer, larger categories. While this may yield adequate cell sizes for analysis, it may also hide important differences among the groups collapsed. It is therefore important to choose cutpoints to define categories that are both meaningful and divide the sample into approximately balanced numbers. We have used this strategy with annual household income, originally classified into eight categories. After evaluating the distribution of the respondents' incomes, and the association between income and other characteristics, we determined that two income categories would be appropriate. Education was collapsed from 11 categories to two. We constructed five age categories.

Data Analysis and Interpretation

Weights and Strata

Each respondent who participated in the survey had a probability of being selected. That probability was determined by the size and composition (age, sex, race) of the population in the geographic region (stratum) where the person lived. The probability was used to assign a sample weight for each respondent to reflect the fact that he or she represents a large number of similar people. In addition, each respondent was assigned a stratum code to reflect one of the three geographic regions of the state used in the sampling protocol. The weight and stratum codes were used in the statistical analysis to create estimates of the prevalence of smoking and other characteristics in the population of Montana as a whole, based on the answers from the participants in the survey.

Because of the use of sample weights and stratum codes, the estimated population prevalences for items in the survey differ slightly from the actual numbers that would be calculated based only on the respondents' unweighted answers. For example, there were 2246 respondents, 43% male and 57% female. The weighted sex distribution for the sample was 49% male and 51% female, very similar to the 2005 population projections from the Census Bureau. Eighty-eight percent of the respondents identified themselves as white and 9% identified themselves as American Indian. The corresponding weighted survey distribution was 93% white and 5% American Indian. The 2000 Census proportions were 92% and 7%, respectively. The remaining respondents are of all other races.

Statistical Analysis

Tobacco use and attitudes about tobacco vary by many factors, including sex, age, race, education, and income. We used multivariate analysis to examine the effects of each factor on the endpoints reported here, controlling for the simultaneous effects of all other factors. Because the endpoints were discrete (e.g., smoker/non-smoker, approve/disapprove of public policy), we used multiple logistic regression analysis. Each reported point estimate is therefore adjusted for possible confounding effects. For example, white respondents in the sample were on average older and had more

education and income than American Indian respondents. Adjusting for these differences by multiple logistic regression, the differences between white and American Indian respondents were generally not statistically significant (except as noted in the charts and tables). All analyses were performed with SAS-callable SUDAAN[8] which accommodates the weighting and stratification of the data.

Comparisons with Other Data Sources

The other population-based source of data on adult smoking behavior in Montana is the Behavioral Risk Factor Surveillance System (BRFSS). Like the ATS, the BRFSS is conducted annually. It includes two questions about smoking that allow respondents to be classified as current smokers, former smokers, and those who have never smoked. These questions are identical to two questions in the ATS. The BRFSS is conducted the same way as the ATS, as an anonymous RDD telephone interview with three geographic strata, intended to produce a representative sample of the adult population of the state, so we would expect the results to be very similar to those of the ATS.

Because both the ATS and the BRFSS are based on samples of the population, the population prevalence estimates have associated uncertainties, expressed by the Confidence Intervals around the estimates. Even if the estimated prevalence of smoking differs between the ATS and the BRFSS, if the Confidence Intervals overlap, the estimates are not considered statistically significantly different.

The 2005 ATS estimated that 18.2% of Montana adults are current smokers, with a Confidence Interval of 16.1 to 20.3. The BRFSS estimated it at 19.2% with a Confidence Interval of 17.7 to 20.7. The Confidence Intervals overlap so the point estimates of cigarette smoking are not considered statistically different.

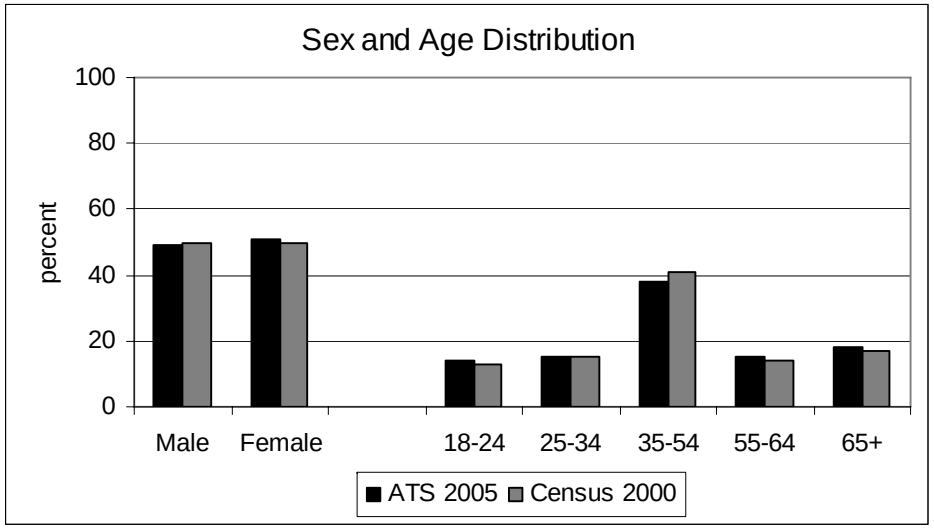
[8] Research Triangle Institute. 2004. SUDAAN Language Manual, Release 9.0. Research Triangle Park, NC: Research Triangle Institute.

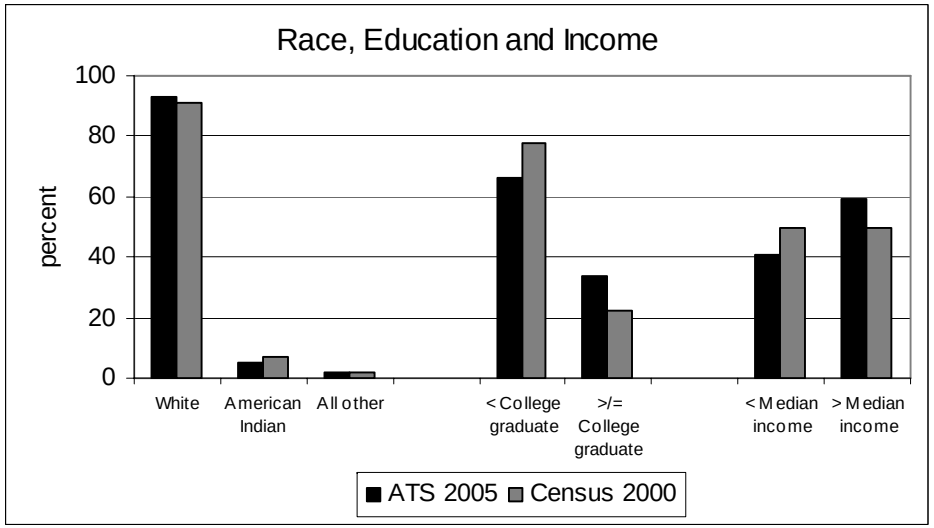
Results of the 2005 Adult Tobacco Survey

Section I
Characteristics of the Sample

The 2005 Adult Tobacco Survey was designed to be representative of the population of the state of Montana in terms of sex, age, and race distributions. Sample weights were assigned to achieve this representation. As a result, the sex, age, and race distributions, *based on sample weights*, closely approximates that of the state population. Although there were 200 American Indian respondents (5% of the sample and 7% of the state population in the 2000 Census), there were too few to analyze separately.

The sample was not stratified or weighted by other sociodemographic characteristics, but comparing the sample to the state population in the 2000 Census shows a reasonable correspondence. The 2005 ATS participants had slightly more education and slightly greater income than residents of the state as a whole. Education and income were highly positively associated in the sample ($p < .001$).



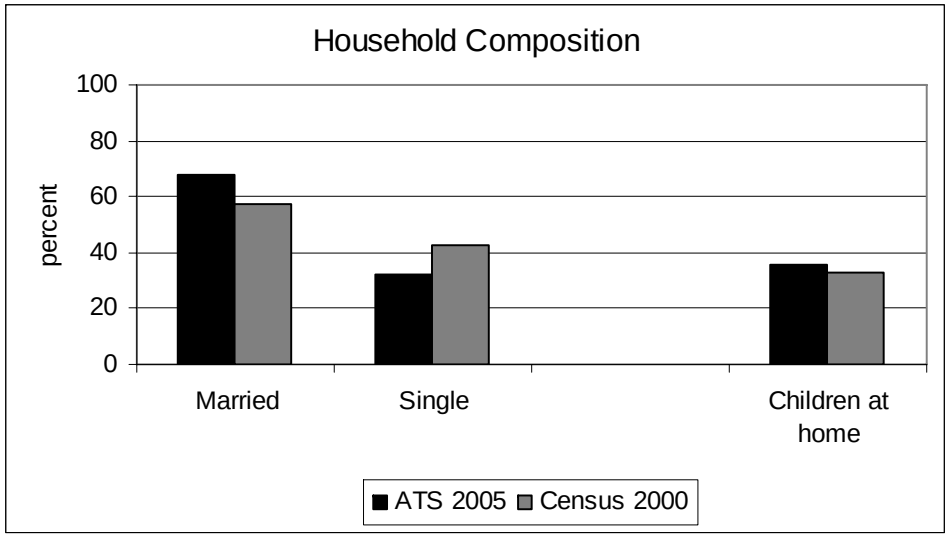


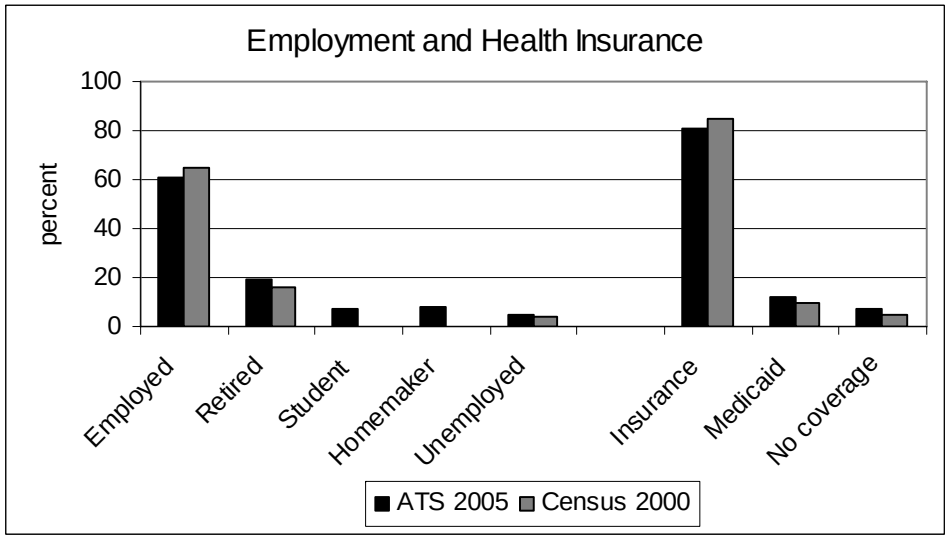
The majority (68%) of respondents in the 2005 ATS were married or otherwise part of a couple. The remaining 32% were divorced, widowed, separated, or never married. More state residents were single (43%) in the 2000 Census.

Slightly more than one third (36%) of the respondents had children age 17 or younger living in their households, similar to 33% for state residents in the 2000 Census.

Sixty-one percent of both 2005 ATS respondents and state residents in the 2000 Census were employed. Unemployment was higher in the 2000 census (5%) than among 2005 ATS respondents (3%). Seven percent of 2005 ATS respondents were students, 8% were homemakers, and 19% were retired. Comparable proportions are not available from the 2000 Census.

Eighty-one percent of respondents in the 2005 ATS had health insurance, including Medicare, compared to 85% or residents in the 2000 Census. Similar proportions of 2005 ATS participants and state residents in the 200 Census were covered by Medicaid or had no insurance coverage.





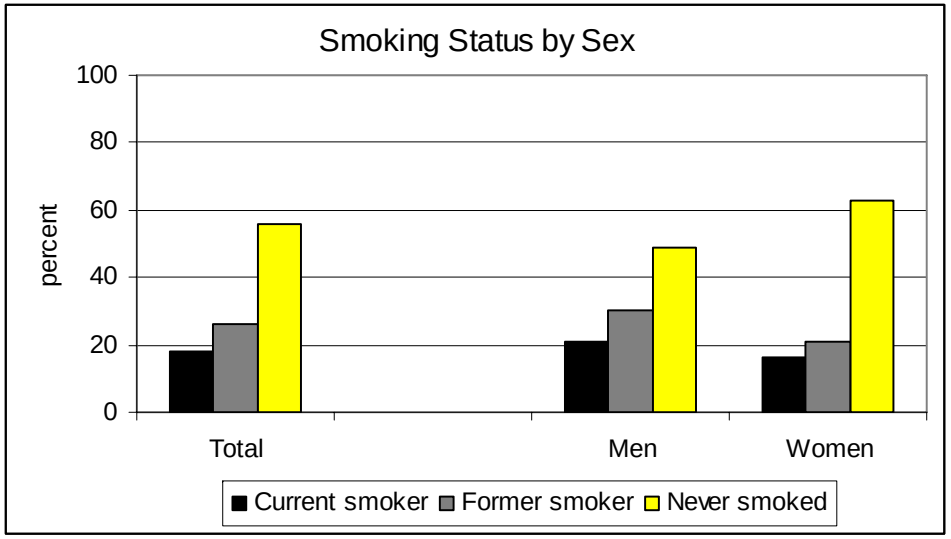
Section II
Prevalence of Tobacco Use

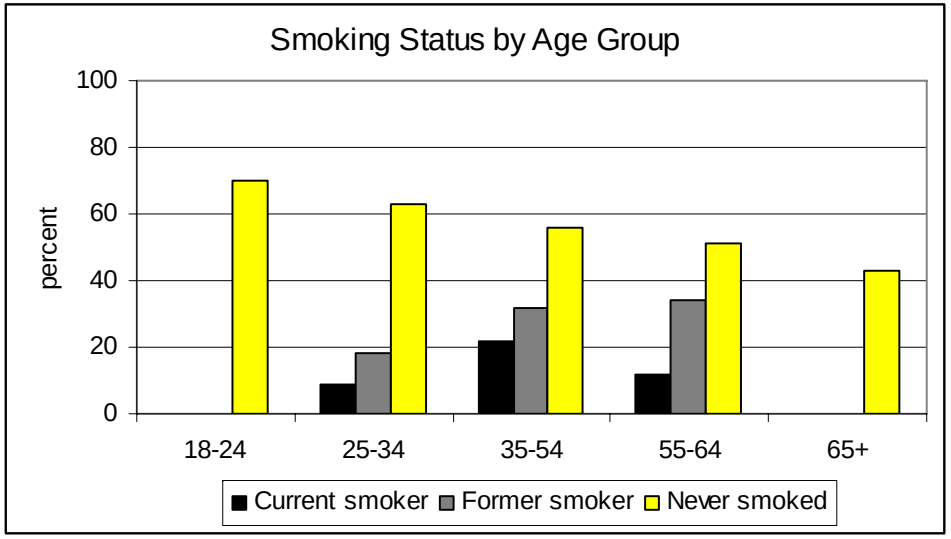
Overall, 56% of the respondents had never smoked cigarettes, 26% were former smokers, and 18% were current smokers.

More men than women were current and former smokers, and more women than men had never smoked ($p < .001$).

More American Indian (32%) than White respondents (17%) reported being current smokers ($p < .001$; not shown).

The proportion of respondents who reported never smoking decreased with increasing age group, while the number of former smokers increased with increasing age group ($p < .001$). Smoking was most prevalent among respondents age 35 to 54.





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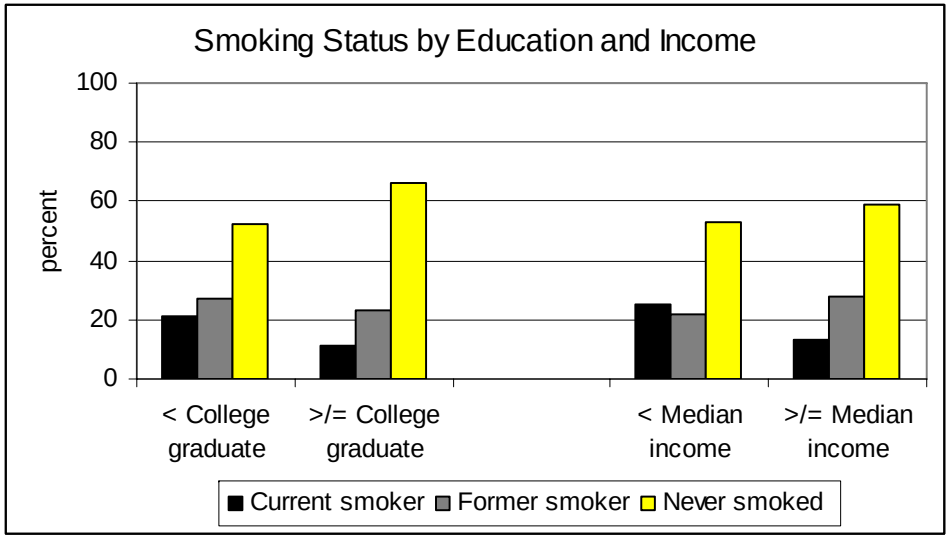
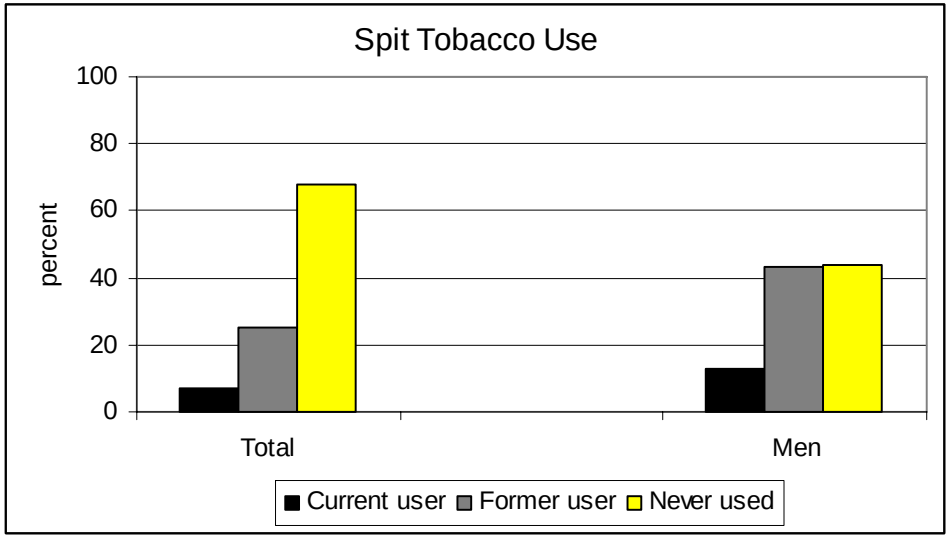
Smoking was less common among college graduates than among those with less education and the proportion of those who had never smoked was higher among college graduates ($p < .001$).

Smoking was less common among respondents with greater than median incomes and the proportion of respondents who had never smoked was higher among those with greater than median incomes ($p < .001$).



Overall, 7% of respondents classified themselves as current spit tobacco users. This is deceptive because 13% of men but very few women used spit tobacco. Only 8% of women classified themselves as former spit tobacco users, compared to 42% of men ($p < .001$).

Spit tobacco use did not vary by age group, education, income, or race, but the number of respondents who reported being current spit tobacco users was small.



Section III
Initiation of Tobacco Use

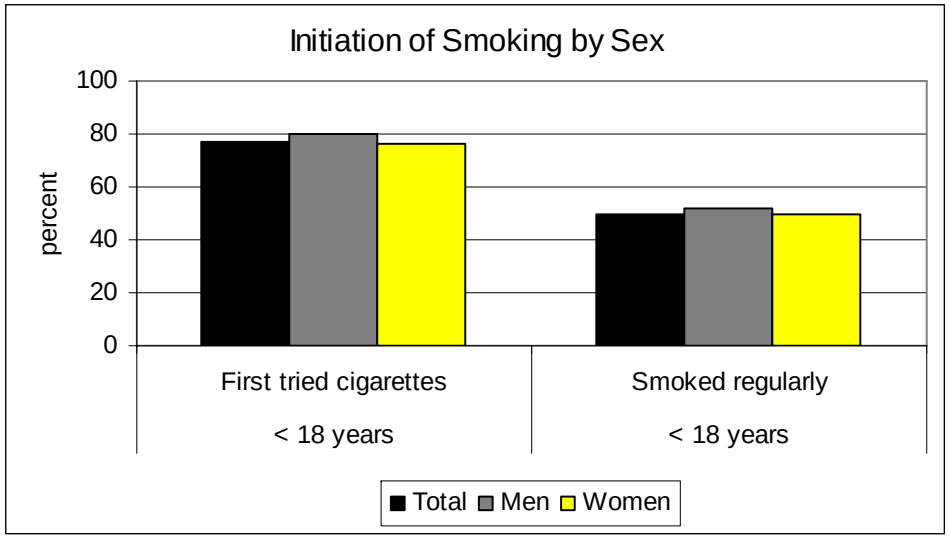
More than three quarters of current or former smokers reported that they had tried cigarettes before they were 18 and half reported that they smoked regularly before 18.

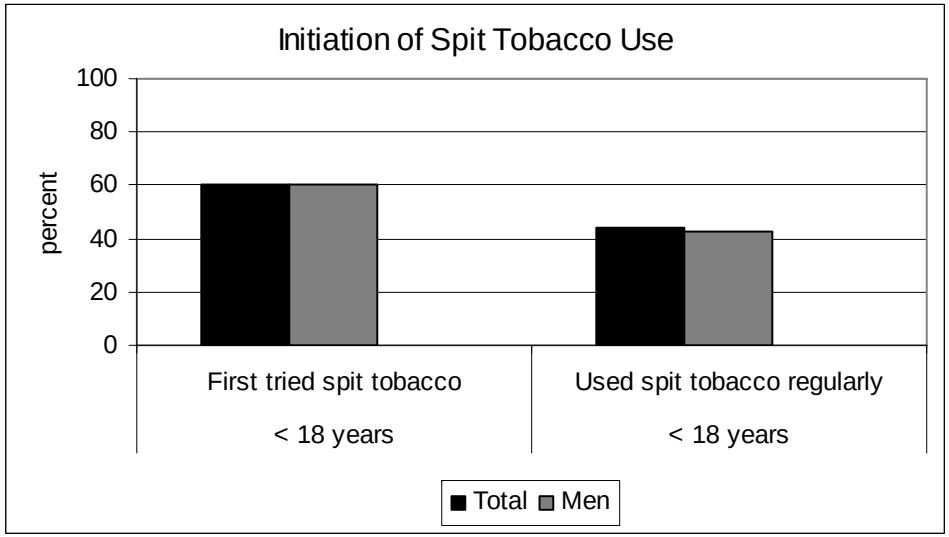
There were no significant differences in age at first trying cigarettes by sex, current age of the respondents, education, or income.

Younger respondents reported smoking regularly before age 18 more frequently than older respondents ($p < .001$; not shown). Respondents with less than a college education (56%) more often reported smoking regularly before age 18 than college graduates 39%, $p < .001$; not shown).

Sixty percent of current or former spit tobacco users reported trying spit tobacco before age 18 and 44% reported using it regularly before age 18.

There we no significant differences in age at first trying spit tobacco or age at using it regularly by sex, age, education, or income.





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Section IV
Tobacco Cessation

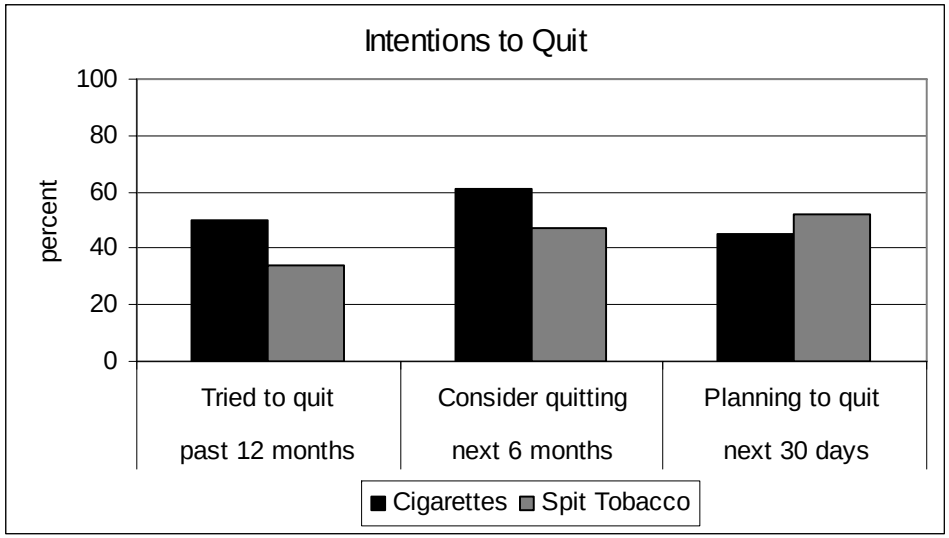
Current smokers and spit tobacco users were asked if they had stopped for a day or longer in the past 12 months because they were trying to quit; if they were seriously considering quitting in the next six months; and if they were planning to quit in the next 30 days.

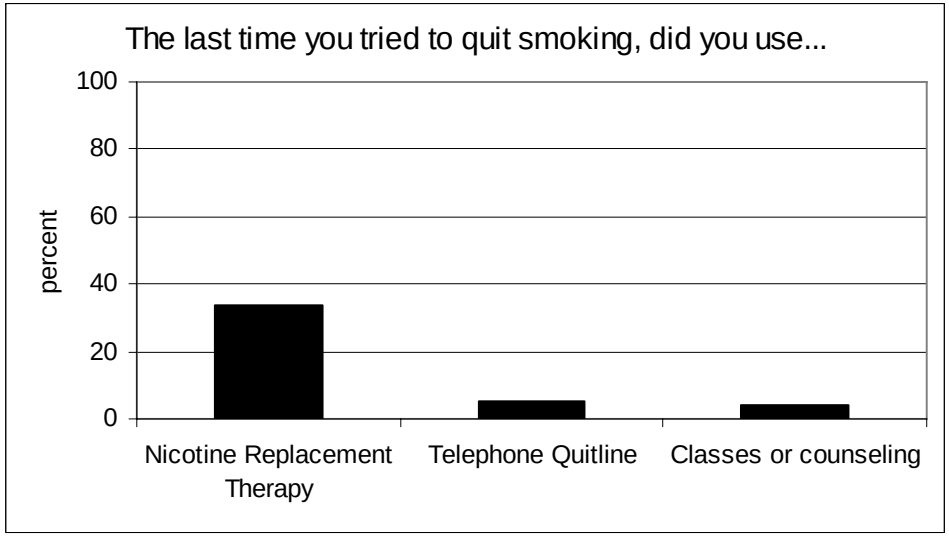
Half of current smokers had tried to quit, 61% were considering quitting in the next six months, and 45% were planning to quit in the next 30 days.

One third of spit tobacco users had tried to quit, 47% were considering quitting in the next six months, and 52% were planning to quit in the next 30 days.

The proportions of smokers or spit tobacco users giving each response did not vary significantly by sex, age, education, income, or the presence of children or other smokers in the household.

Current and former smokers were asked if they had used Nicotine Replacement Therapy (NRT), a telephone Quitline, or classes or counseling in their most recent quit attempt. Thirty-four percent used Nicotine Replacement Therapy but very few used a Quitline or classes or counseling. The proportions did not differ significantly between current and former smokers, nor did it differ by sex, age group, education, or income.



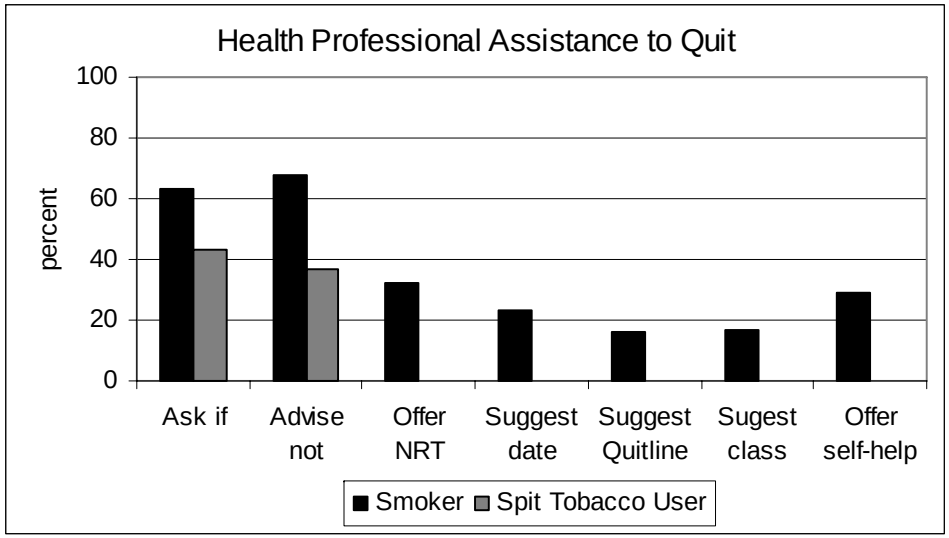


All respondents were asked if they had seen a doctor, nurse, or other health care professional to receive any kind of health care in the 12 months before the survey. Seventy-four percent of the total sample and 61% of both smokers and spit tobacco users had seen a health care professional.

Among smokers who had seen a health care professional, 63% reported that they had been asked if they smoked, 68% reported that they had been advised to quit, but fewer than one third had been offered each form of assistance to quit by a health care professional.

Forty-three percent of spit tobacco users who had seen a health care professional had been asked if they used spit tobacco and 37% had been advised to quit.

The great majority (80%) of smokers who expressed an intention to quit were aware of assistance such as telephone Quitlines or local health clinic services. However, relatively few reported that they anticipated using a Quitline (21%), classes or counseling (15%), self-help materials (33%), or web-based assistance (20%).



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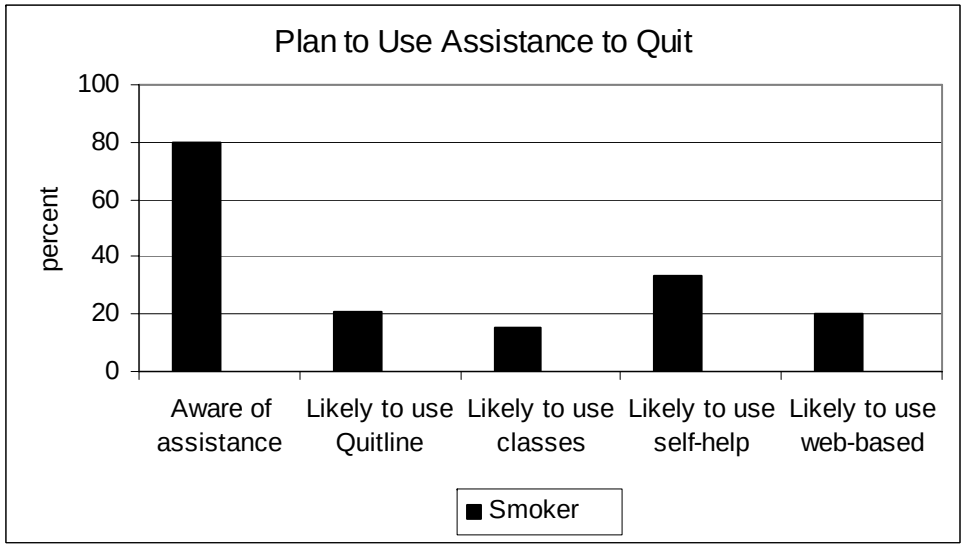


Section V
Knowledge of Health Risks

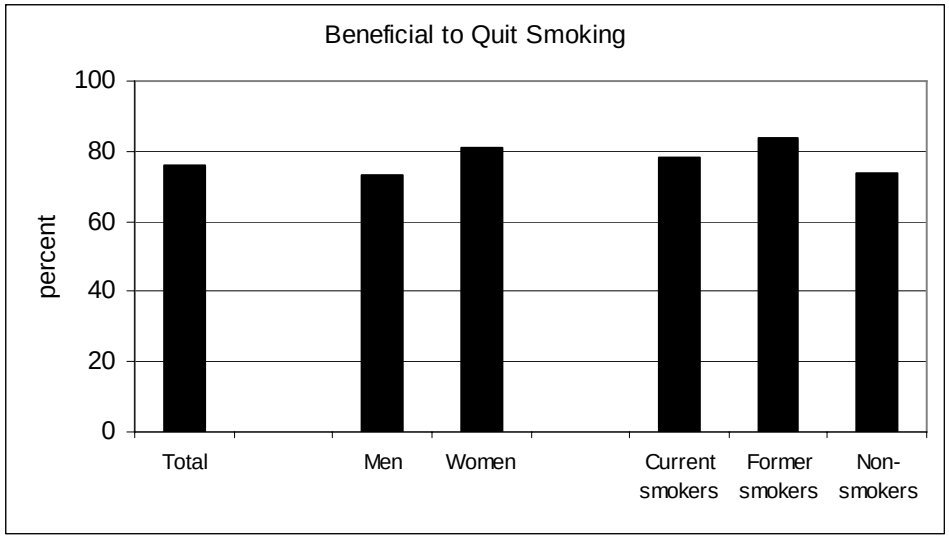
Three quarters of the respondents believed that there was a benefit for someone to quit smoking after smoking a pack a day for 20 years.

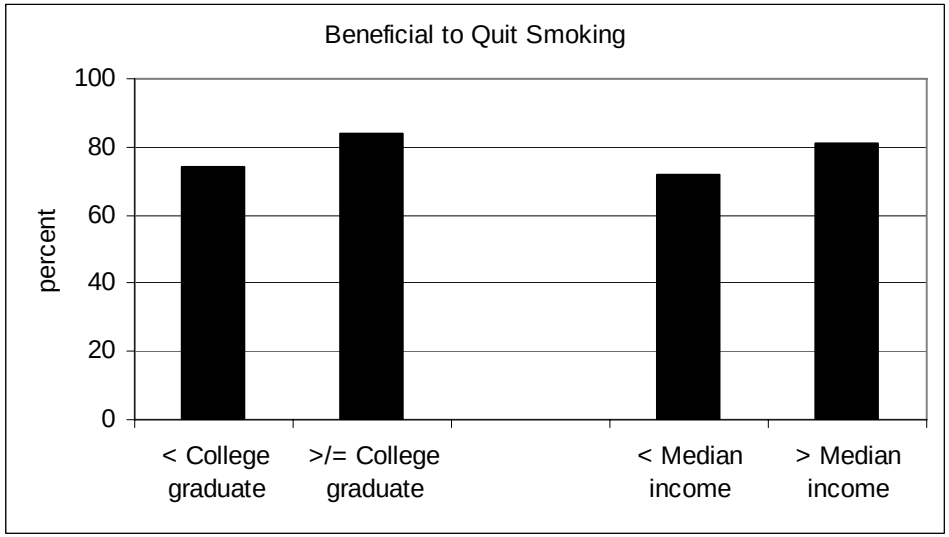
More women than men believed this ($p < .01$).

More former smokers than current smokers or non-smokers believed in the benefits of quitting smoking ($p < .01$).

There was no difference by age group in awareness of the benefits of quitting smoking.

Belief in the benefits of quitting smoking was higher among college graduates than among those with less education ($p < .001$) and was higher among those with household incomes above the median ($p < .01$).



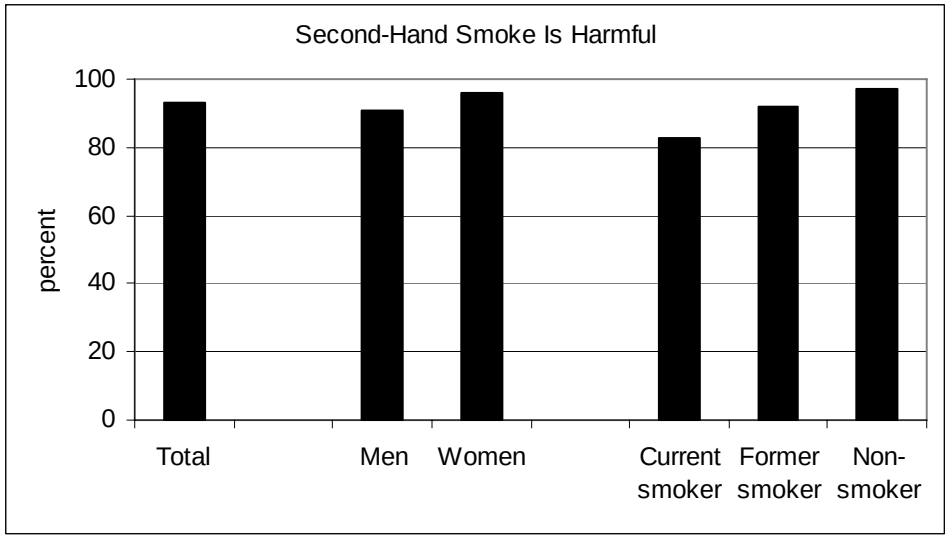


Most (93%) of respondents believed that smoke from other people's cigarettes was harmful to one's health.

More women than men were aware of the adverse health effects of second-hand smoke (p< .001).

Fewer current smokers than former smokers or non-smokers were aware of the adverse health effects of second-hand smoke (p < .001).

There were no differences in awareness by age, education, or income.

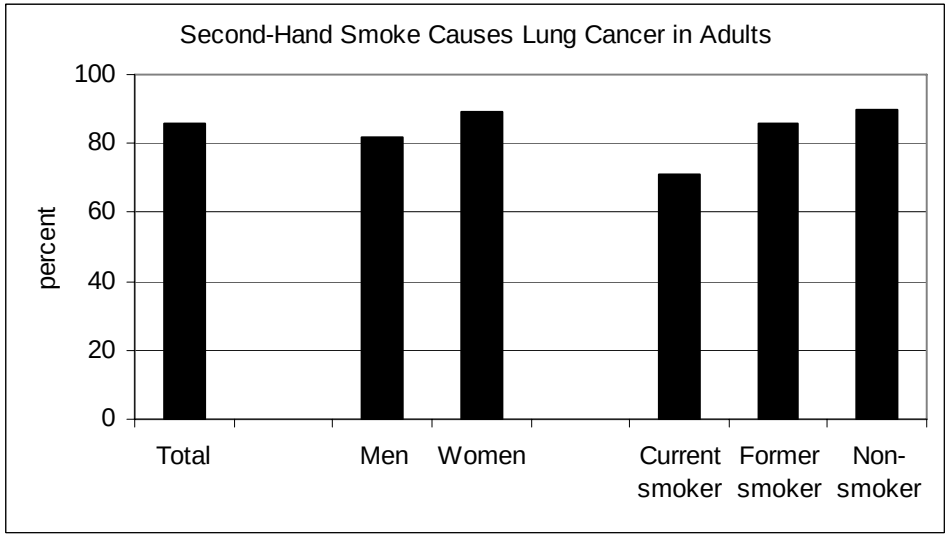


Most respondents (86%) knew that second-hand smoke was a risk factor for lung cancer in adults.

More men than women were aware of the association between second-hand smoke and lung cancer (p < .01).

Fewer current smokers than former smokers or non-smokers were aware of the association between second-hand smoke and lung cancer (p < .001).

There were no differences in awareness by age, income, or education.

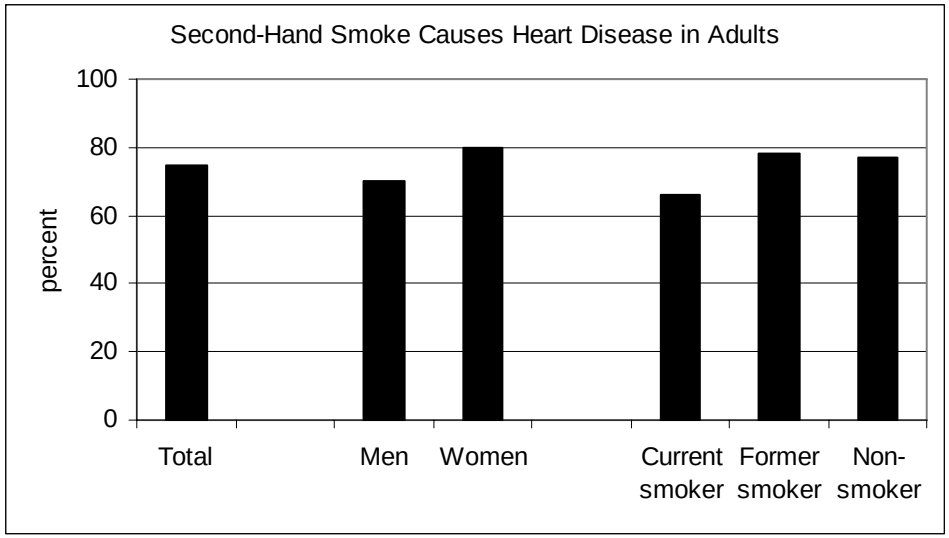


Three quarters of respondents were aware that second-hand smoke is a risk factor for heart disease in adults.

More women than men were aware of the association between second-hand smoke and heart disease ($p < .001$).

Fewer current smokers than former smokers or non-smokers were aware of the association between second-hand smoke and heart disease ($p < .01$).

There were no differences in awareness by age, education, or income.

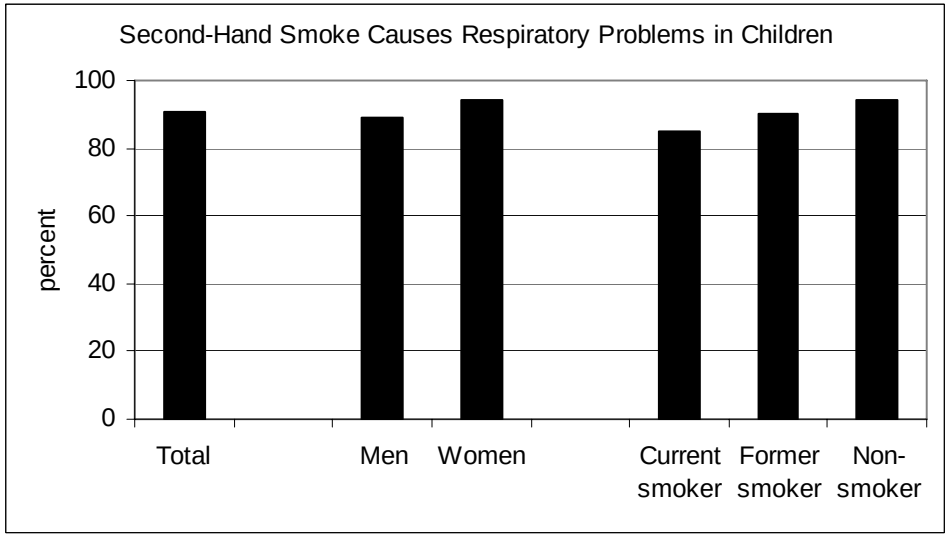


The great majority of respondents (91%) were aware that second-hand smoke was associated with respiratory problems in children.

More women than men were aware of this association ($p < .001$).

Fewer current smokers than former smokers or non-smokers were aware of this association.

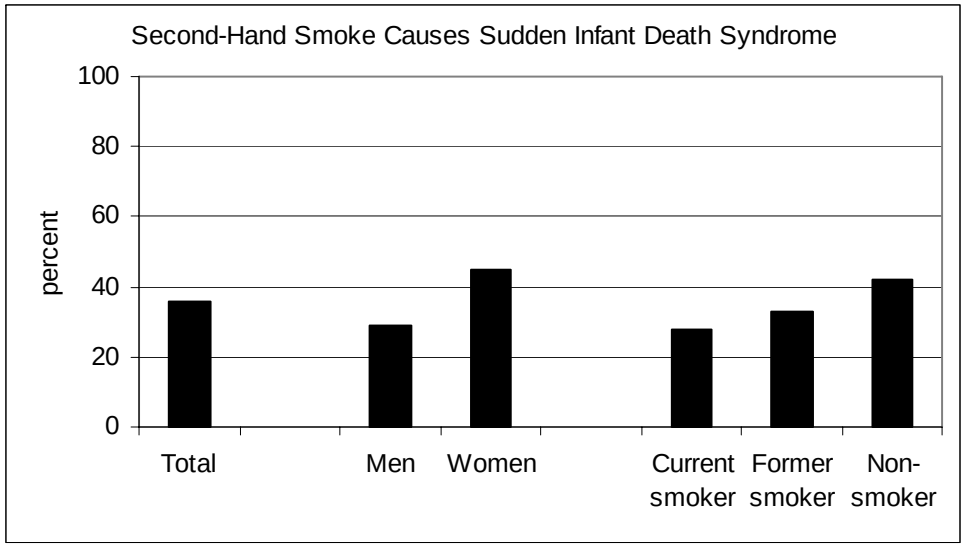
There were no differences in awareness by age, education, or income.



Only 36% of respondents correctly identified second-hand smoke as a risk factors for Sudden Infant Death Syndrome (SIDS).

More women than men were aware of the association between second-hand smoke and SIDS ($p < .001$).

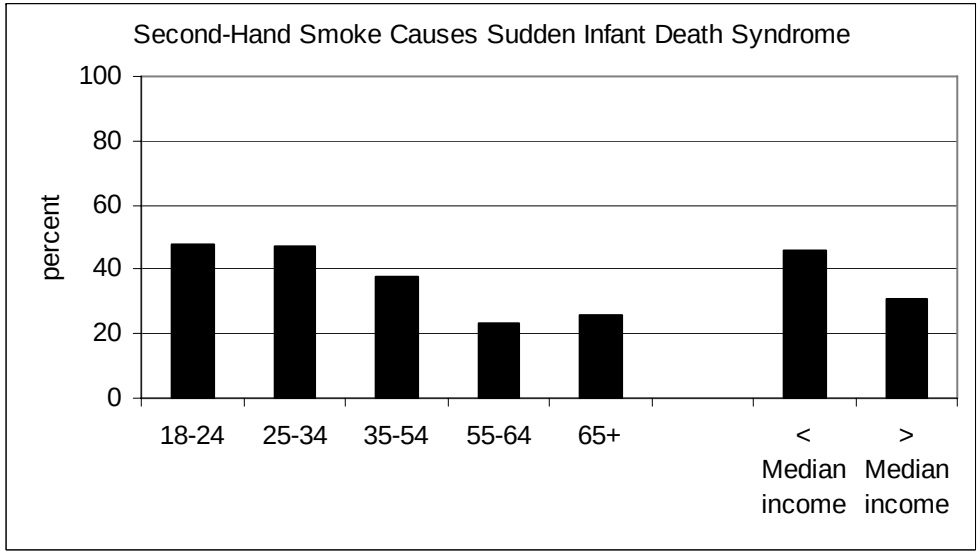
More non-smokers than former smokers or current smokers were aware of the association between second-hand smoke and SIDS ($p < .001$).



Awareness of the association between second-hand smoke and SIDS decreased with age ($p < .001$).

More respondents with household incomes less than the median were aware of the association between second-hand smoke and SIDS ($p < .001$).

There was no association between awareness and education.



Section VI
Home Environment

Fewer than one quarter of respondents lived with other adults who smoked cigarettes, cigars, or pipes. Current smokers more often lived with other smokers than former smokers or non-smokers ($p < .001$).

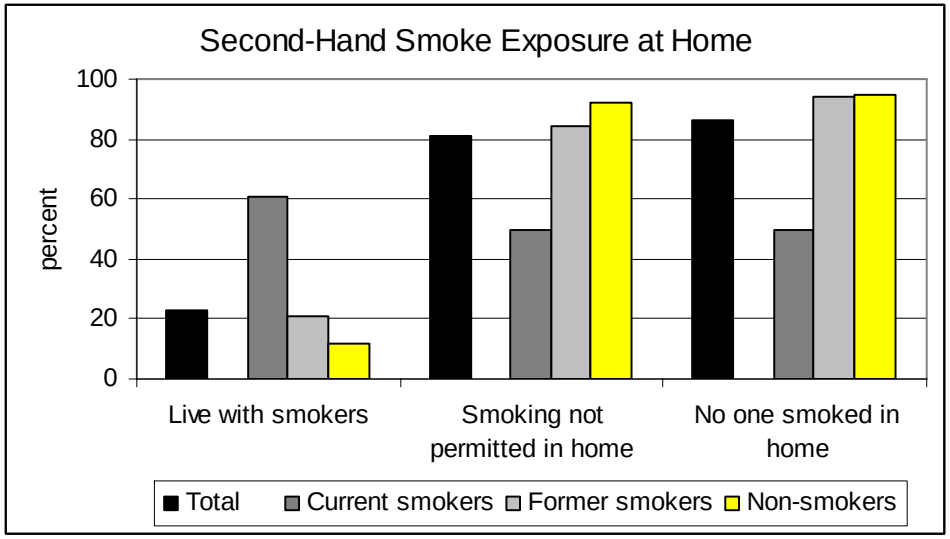
The majority of former smokers and non-smokers reported that smoking was not permitted in their homes at any time or any place; only half of current smokers reported this restriction ($p < .001$).

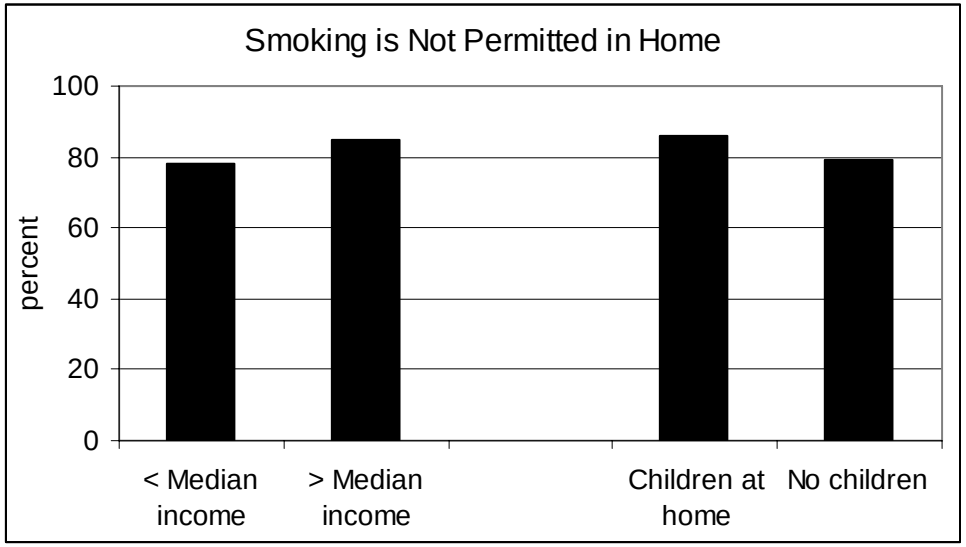
The majority of former smokers and non-smokers reported that no one had smoked anywhere in their homes in the seven days before the survey; only half of current smokers reported this ($p < .001$).

Permitting smoking in the home was less common among respondents above than below the median income ($p < .01$).

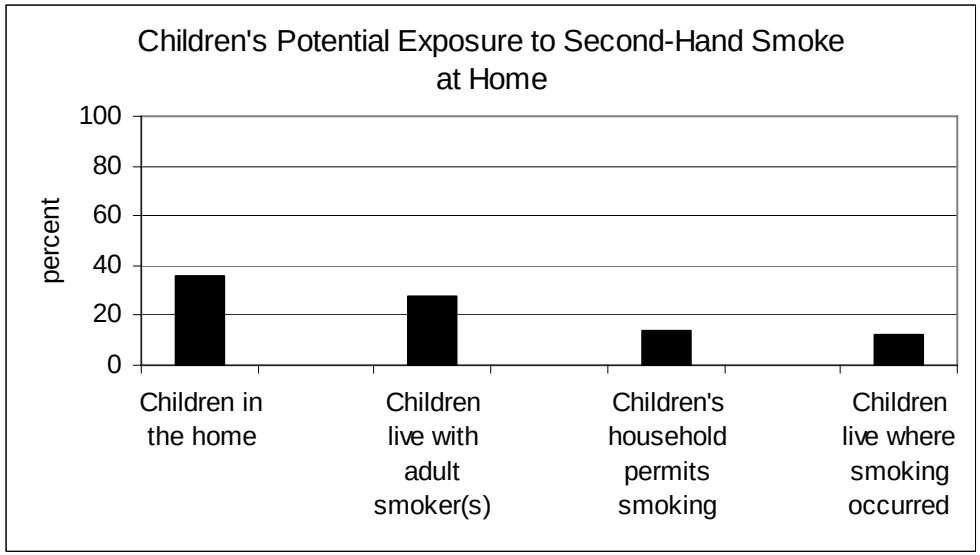
Permitting smoking in the home was less common among respondents who had children under the age of 17 in the home than among respondents who had no children ($p < .01$).

Living with smokers, permitting smoking in the home, or having someone smoke in the home did not vary by sex, age, or education.



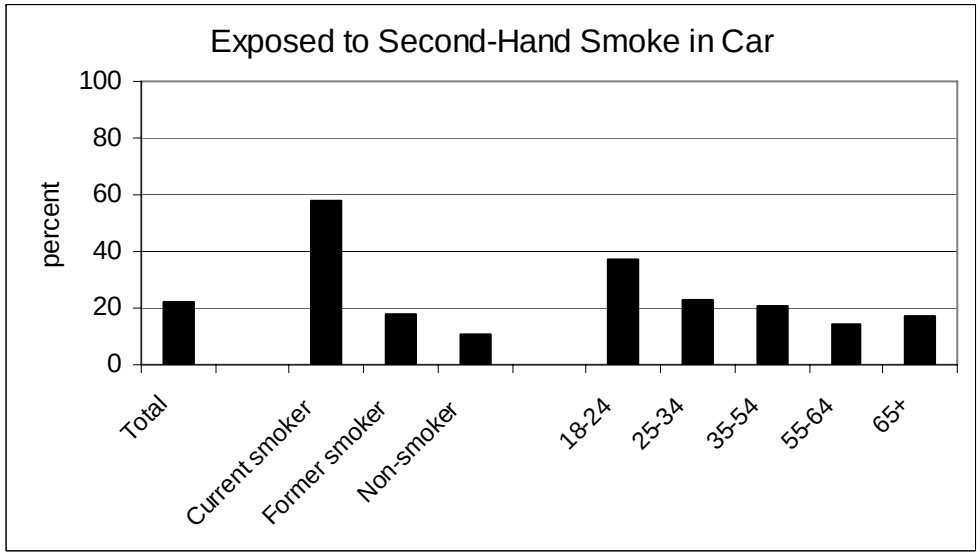


More than a third of respondents reported that they had children age 17 or younger in their households. More than a quarter of these children (28%) lived in households where one or more adults smoked cigarettes, pipes, or cigars. However, only 14% of households with children permitted smoking at any time or in any place in the home and only 12% of respondents with children reported that smoking had occurred in their home in the week before the survey.



Overall, about one in five respondents reported being exposed to second-hand smoke in a car in the seven days before the survey.

More current smokers than former smokers or non-smokers were exposed in a car ($p < .001$) and more respondents age 18-24 were exposed than older respondents ($p < .001$).



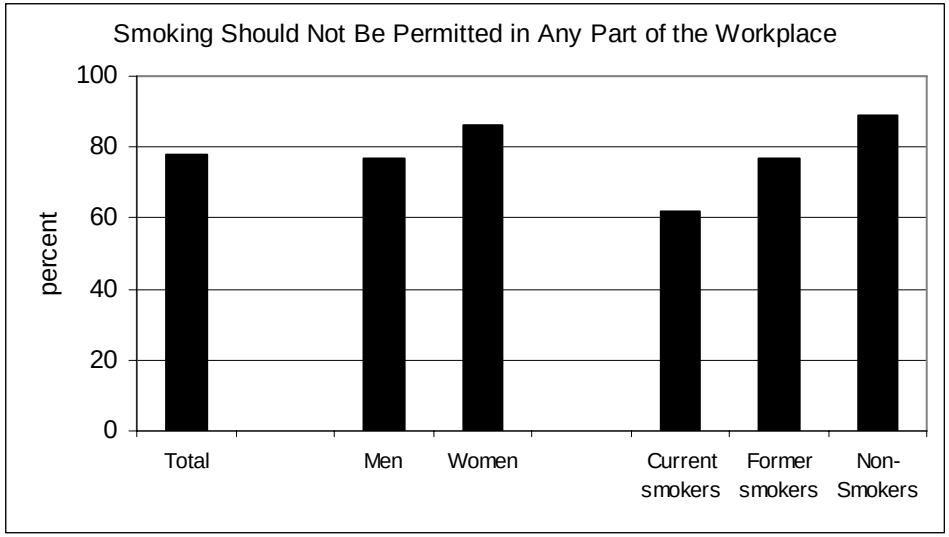
Section VII
Work Environment

All respondents were asked if they thought smoking should be allowed in all areas, some areas, or not at all in indoor work areas.

Overall, 78% believed that smoking should be prohibited in all areas of the workplace. More women than men believed smoking should be prohibited in all areas if the workplace ($p < .001$).

Support for smoke-free workplaces was least common among smokers and most common among non-smokers ($p < .001$).

Support for smoke-free workplaces did not vary by age, education, or income.

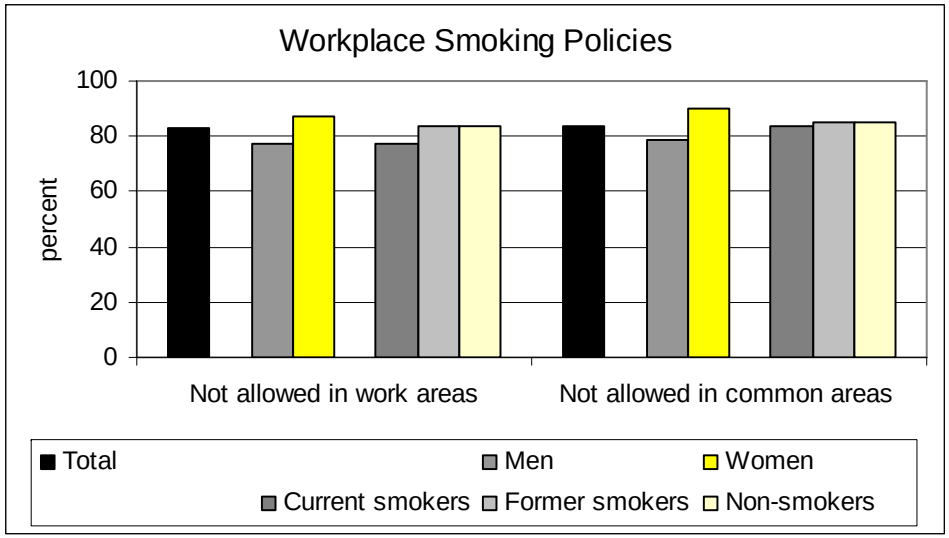


Forty-eight percent of respondents were employed and worked indoors most of the time. More men than women were employed (74% and 58%, respectively, $p < .001$) but more employed women than men worked indoors (92% and 56%, respectively, $p < .001$). Working indoors was more common among those with more education and was associated with higher income ($p < .001$).

Overall, 83% of indoor workers reported that smoking was not permitted at all in work areas, 84% reported that smoking was not permitted at all in common areas, and 17% reported that smoking policies had become stricter in the year before the survey; no one reported that workplace smoking policies had become less strict.

More women than men reported complete prohibitions against smoking in work areas and common areas ($p < .01$). There were no significant differences in workplace smoking policies by respondents' smoking status, age, education, or income.

Overall, 12% of indoor workers reported being exposed to second-hand smoke at work in the week before the survey. More current smokers (15%) than former smokers or non-smokers (4% each) were exposed ($p < .01$; not shown). There were no differences by sex, age, education, or income.



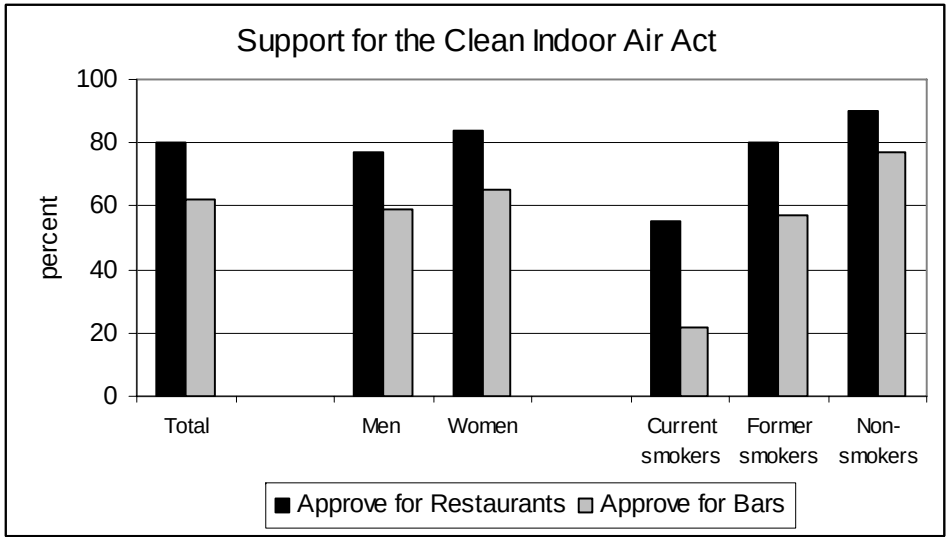
Section VIII
Public Policy

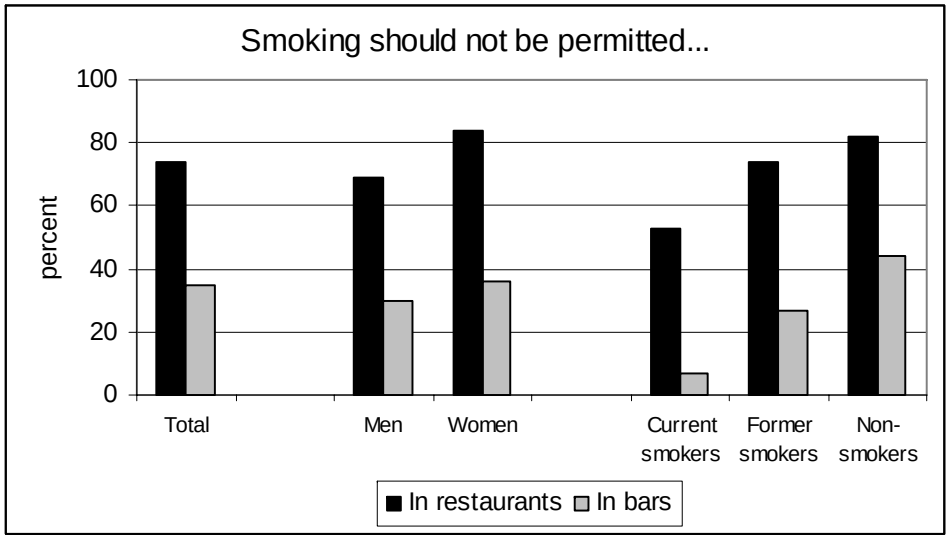
The Montana Clean Indoor Air Act

Most respondents were aware of the Montana Clean Indoor Air Act which went into effect shortly before the survey started. Awareness did not vary by sex, smoking status, age, education, or income. Overall, 80% approved of the CIAA as it applied to restaurants immediately and 62% approved of it as it will apply to bars, taverns, and casinos in 2009. More women than men approved for both bars and restaurants ($p < .01$). Approval of the CIAA for both bars and restaurants was highest among non-smokers and lowest among current smokers ($p < .001$).

In separate questions, respondents were asked if they believed smoking should be banned in restaurants and bars. Overall, 74% believed that smoking should not be permitted in restaurants. More women than men believed this ($p < .001$). Fewer current smokers than former smokers or non-smokers believed this ($p < .001$). There were no differences by age, education, or income.

Only 35% of respondents believed that smoking should be banned in bars. Support was lowest among current smokers ($p < .001$) and among respondents age 18-24 ($p < .001$).





Fifty-nine percent of respondents said the CIAA would not affect how often they would visit restaurants and one third said they would be more likely to visit restaurants, while only 7% said they would be less likely, resulting in a probable net increase in patronage.

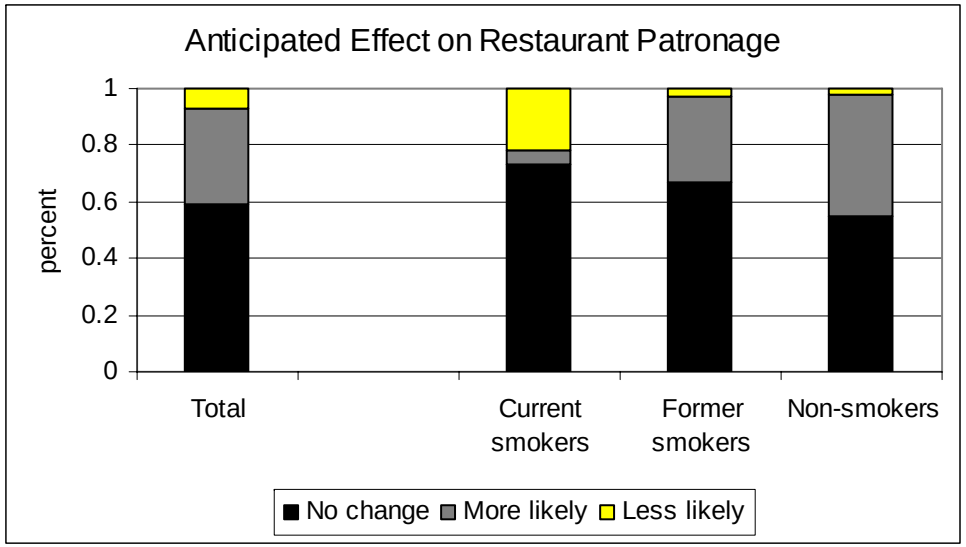
More women than men said they would be more likely to visit restaurants as a result of the CIAA ($p < .01$; not shown).

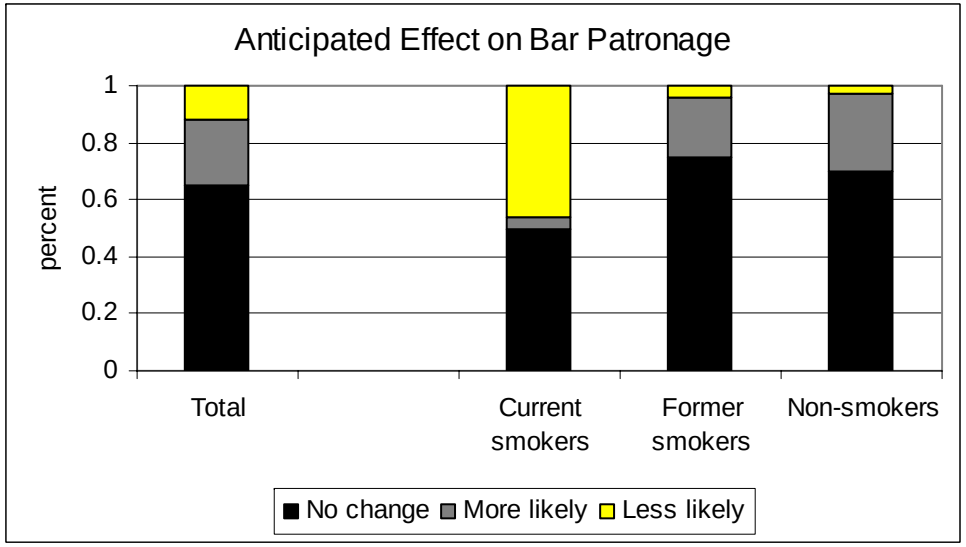
One third of current smokers said they would be less likely, but 31% of former smokers and 45% of non-smokers said they would be more likely, to visit restaurants as a result of the CIAA ($p < .001$).

Two thirds of respondents said the CIAA would not affect how often they visited bars and 23% said they would be more likely to visit bars, while only 12% said they would be less likely, resulting in a probable net increase in patronage.

Nearly half of current smokers said they would be less likely, but 21% of former smokers and 30% of non-smokers said they would be more likely, to visit bars as a result of the act ($p < .001$).

Respondents younger than 55 said they would be less likely to visit bars more frequently than older respondents ($p< 01$; not shown).

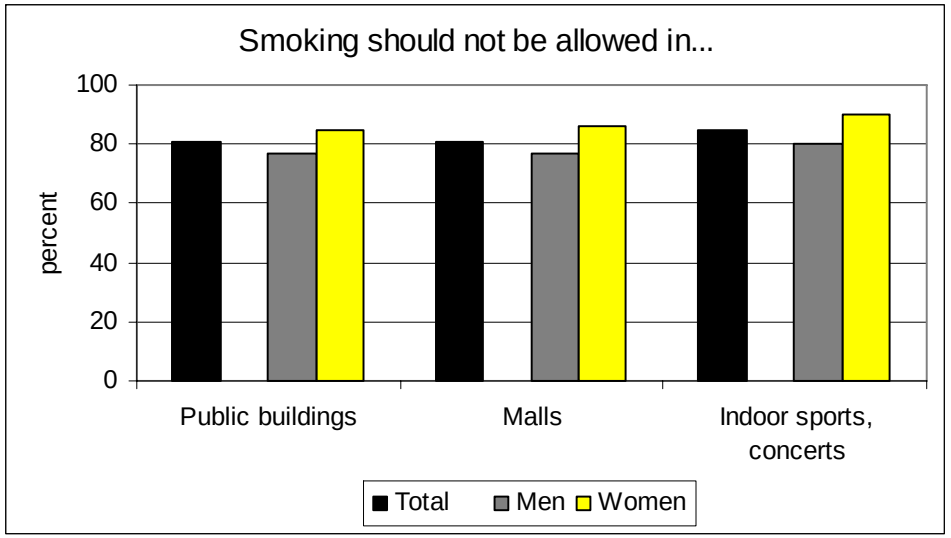




Smoking in Public Places

More than 80% of respondents believed that smoking should not be allowed in public buildings, shopping malls, or indoor sporting events or concerts.

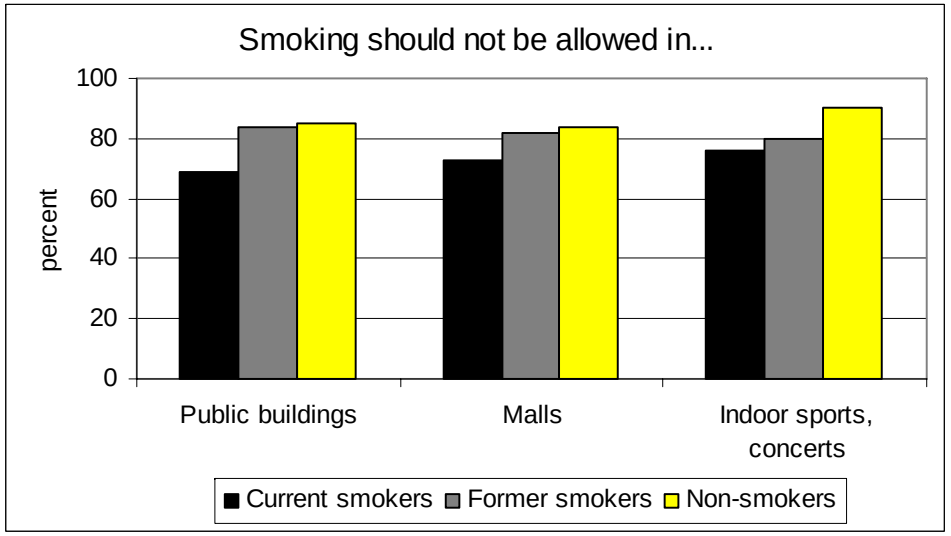
More women than men supported a smoking ban in malls and indoor events ($p < .001$).



Fewer current smokers than former smokers or non-smokers supported the smoking bans in these venues ($p < .001$). Nevertheless, 69% or more of current smokers supported smoking bans.

There were no differences by age, education or income in opinions about smoking in public buildings or malls.

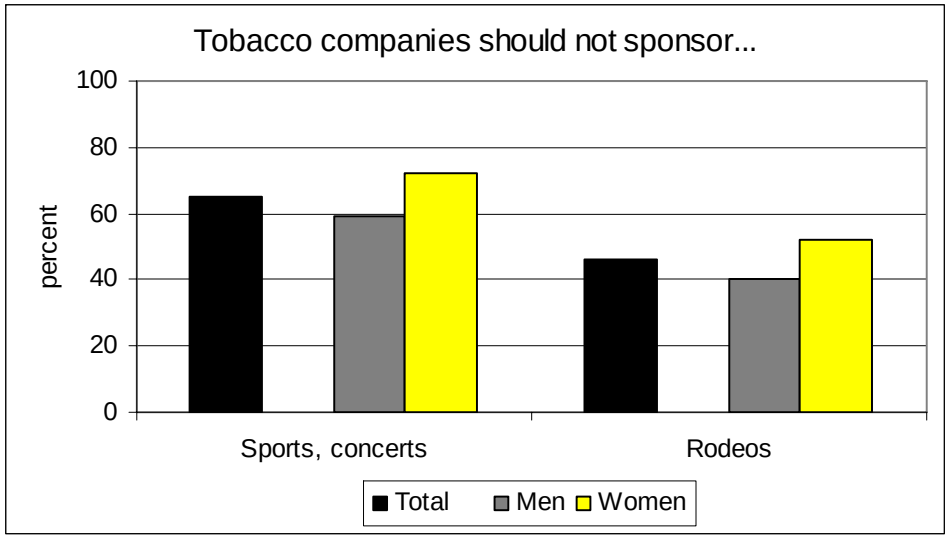
Support for smoking bans in indoor sporting events and concerts increased with age and education ($p < .001$; not shown).



Tobacco Company Sponsorship

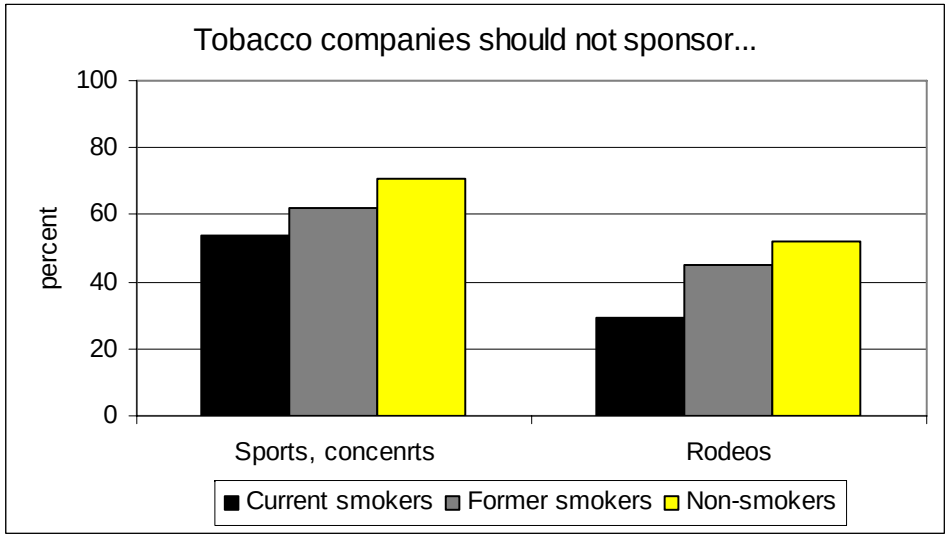
Sixty-five percent of respondents believed that tobacco companies should not be permitted to sponsor sporting events and concerts, and 46% believed they should not be permitted to sponsor rodeos.

More women than men believed that tobacco companies should not be allowed to sponsor sporting events, concerts, or rodeos ($p < .001$).



More former smokers and non-smokers than current smokers believed that tobacco companies should not be allowed to sponsor sporting events, concerts, or rodeos ($p < .001$). However, even among smokers, 54% believed that tobacco companies should not sponsor sporting events or concerts.

Approval of tobacco company sponsorship of sporting events, concerts, and rodeos declined with age ($p < .001$, not shown). There were no differences by education or income.

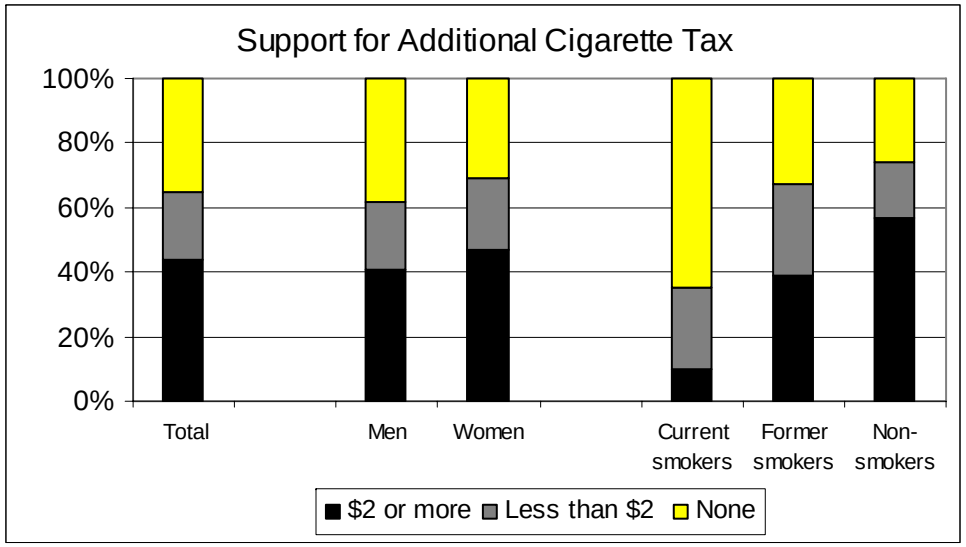


Support for Additional Cigarette Taxes

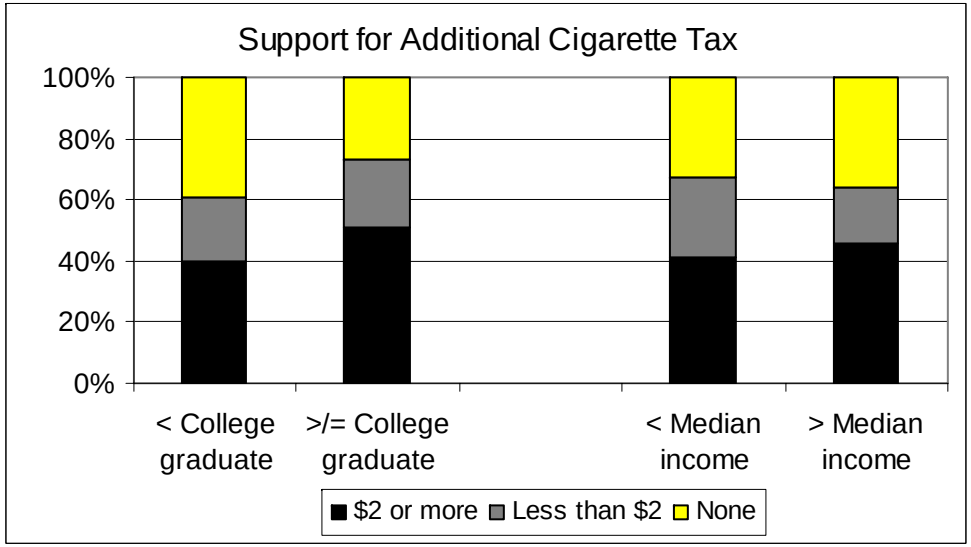
More than 60% of respondents would support additional taxes on cigarettes.

Men and women supported additional cigarette taxes in similar proportions.

Fewer current smokers than former smokers or non-smokers were in favor of any increase in taxes ($p < .001$).

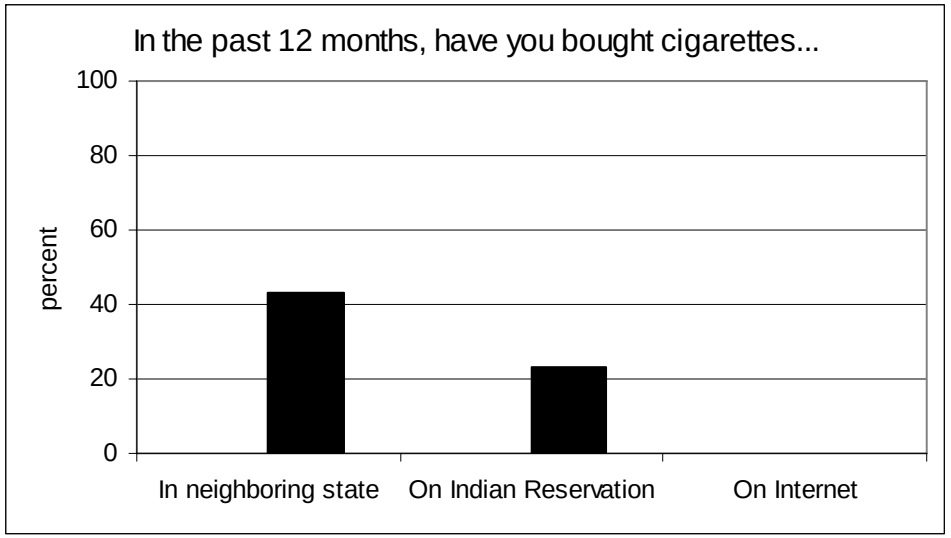


More college graduates than those with less education would support additional cigarette taxes ($p < .001$). There was no difference by income.

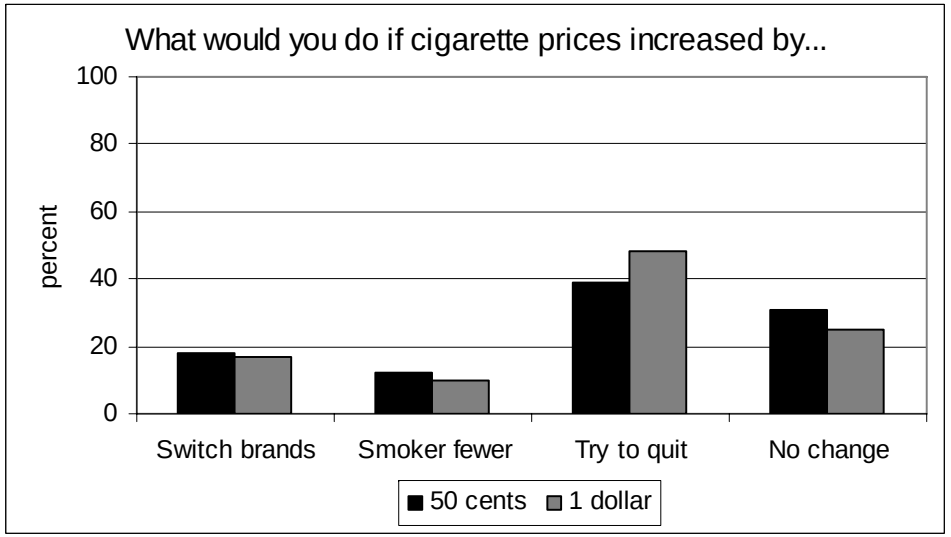


Tobacco Purchasing Patterns

Forty-three percent of smokers in the survey reported that they had purchased cigarettes in a neighboring state in the 12 months before the survey. Twenty-three percent reported that they had purchased cigarettes on an Indian Reservation. None reported buying cigarettes on the Internet.



More than a third of smokers in the survey said they would try to quit if the price of cigarettes went up by fifty cents a pack, and nearly half said they would try to quit if the price went up by a dollar. However, 31% said they would not change their smoking habits and 18% said they would switch brands if prices went up by fifty cents; 25% said they would not change their smoking habits and 17% said they would switch brands if prices went up by one dollar.



Summary and Recommendations

Summary and Recommendations

1. **Tobacco cessation messages and outreach should be targeted.**

   Smoking was more common among
   - Men
   - Respondents age 35 - 54
   - Respondents with less than a college education
   - Respondents with income below the state median

   Spit tobacco was used almost exclusively by men.

2. **Tobacco prevention efforts should begin early.**

   - More than three-quarters of current and former smokers had tried smoking before age 18 and half reported that they smoked regularly before age 18.
   - More than half of current and former spit tobacco users had tried spit tobacco before age 18 and 44% reported using it regularly before age 18.

3. **Half of smokers and spit tobacco users want to quit but most underutilize aids to quitting.**

   Nearly all respondents who smoke or use spit tobacco are aware of assistance to quitting but few used any in their last quit attempt and few anticipate using them in a future quit attempt.

4. **There is a role for health care workers in tobacco cessation.**

   - Almost two thirds of smokers and spit tobacco users had seen a health care worker in the year before the survey, but one third of those respondents had not been asked if they used tobacco or been advised to quit using tobacco products.
   - Fewer than one third of smokers had been offered or referred to assistance to quit by a health care worker.

5. **Most Montana residents are aware of the health risks surrounding smoking and second-hand smoke.**

   - Three quarters of respondents believed that quitting smoking was beneficial.
   - More than 90% knew that second-hand smoke was harmful to adults' health.
   - most respondents identified lung cancer and heart disease as major health risks of second-hand smoke.
   - Most respondents knew that second-hand smoke caused respiratory problems in children.
   - Only one third of respondents knew that second-hand smoke contributed to the risk of Sudden Infant Death Syndrome.

6. **Many Montana residents are taking steps to protect themselves and their families from second-hand smoke at home.**

- More than 80% do not permit smoking at all in their homes.
- Only 12% of respondents with children in their homes permitted smoking.

7. **Most Montana residents want to be protected from second-hand smoke in public places.**

- Three quarters of respondents believe that workplaces should be completely smokefree.
- 80% approved of the Montana Clean Indoor Air Act that went into effect shortly before the survey began.
- The Clean Indoor Air Act is likely to result in an estimated 23% increase in restaurant patronage and an estimated 11% increase in bar patronage.
- 80% or more of respondents were in favor of complete smokefree public venues including
    - public buildings
    - restaurants
    - shopping malls
    - indoor sports events
    - concerts

- **Public policy can affect personal behavior.**

- More than 60% of respondents would support additional cigarette tax.
- More than one third of smokers said they would try to quit if the price of cigarettes went up by 50 cents a pack.
- Nearly half said they would try to quit if the price went up by a dollar a pack.

Appendix 1

Data Tables

All percentages in Tables II through VIII are adjusted by multiple logistic regression to reflect the simultaneous effects of sex, smoking status, age, education, income and race.

Section I
Characteristics of the Sample

	%
Sex	
Men	49
Women	51
Age Group	
18-24	14
24-34	15
35-54	38
55-64	15
65+	18
Race	
White	93
American Indian	5
All	2
Other	
Education	
< College graudate	66
>/= College graduate	34
Income	
< Median	41
> Median	59

	%
Marital Status	
Married/Couple	68
Single	32
Children in Home	
Yes	36
No	64
Employment Status	
Employed	61
Retired	19
Student	7
Homemaker	8
Unemployed	5
Insurance Coverage	
Insurance or Medicare	81
Medicaid	12
No coverage	7

Section II
Prevalence of Tobacco Use

	Cigarettes			
	Current	**Former**	**Never**	
	%	**%**	%	
Total	18	26	56	
Men	21	30	49	p < .001
Women	16	21	63	
18-24	*	*	70	p < .001
25-34	9	18	63	
35-54	22	22	56	
55-74	12	34	51	
75+	*	*	43	
< College graduate	21	27	52	p < .001
>/= College graduate	11	23	66	
< Median income	25	22	53	p < .001
> Median income	13	28	59	

	Spit Tobacco			
	Current	**Former**	**Never**	
	%	%	%	
Total	7	25	68	
Men	13	43	44	p < .001
Women	*	*	*	
18-24	*	*	*	
25-34	*	*	*	
35-54	*	*	*	
55-64	*	*	*	
65+	*	*	*	
< College graduate	*	*	*	
>/= College graduate	*	*	*	
< Median income	*	*	*	
> Median income	*	*	*	

* Blank cells contain < 20 repsondents

Section III
Initiation of Tobacco Use

First Tried Cigarettes < Age 18	%	Smoked Regularly < Age 18	%	
Total	77	Total	50	
Men	80	Men	52	
Women	76	Women	50	
18-24	*	18-24	*	p < .001
25-34	*	25-34	60	
35-54	77	35-54	47	
55-64	76	55-64	52	
65+	69	65+	33	
< College graduate	81	< College graduate	56	p < .001
>/= College graduate	73	>/= College gradaute	39	
< Median income	78	< Median income	51	
> Median income	82	> Median income	51	

First Tried Spit Tobacco < Age 18	Used Spit Tobacco Regulalry < Age 18
%	%
60	44
60	43
*	*
*	*
*	*
*	*
*	*
*	*
59	48
59	30
55	50
62	41

* Blank cells contain < 20 respondents.

Section IV
Tobacco Cessation

	Cigarettes	Spit Tobacco
	%	%
Tried to quit past year	50	34
Consider quitting next 6 months	61	47
Plan to quit next 30 days	45	52

In last quit attempt,did you use

NRT	34
Quitline	5
Classes or counseling	4

Seen health care professional in past 12 months

	%
Total	74
Smokers	61
Spit tobacco users	61

Did health care professional

	Smokers	Spit users
	%	%
Ask if you smoke/use spit	63	43
Advise not to smoke/use spit	68	37
Offer NRT	32	na
Suggest setting date	23	na
Suggest Quitline	16	na
Suggest classes, counseling	17	na
Offer self-help materials	29	na

Are you

Aware of assistance	80	na
Likely to use Quitline	21	*
Likely to use classes or counseling	15	*
Likely to use self-help materials	33	*
Likely to use web-based assistance	20	*

na Question not asked

* Blank cells contain < 20 respondents.

Section V
Knowledge of Health Risks

	Beneficial to quit		SHS is harmful		SHS causes Lung Cancer	
	%		%		%	
Total	76		93		86	
Men	73	p < .01	91	p < .001	82	p < .01
Women	81		96		89	
Current smoker	78	p < .01	83	p < .001	71	p < .001
Former smoker	84		92		86	
Non-smoker	74		97		90	
18-24	73		96		87	
25-34	82		95		88	
35-54	78		93		87	
55-64	81		90		80	
65+	70		90		82	
< College graduate	74	p < .001	92		85	
>/= College graduate	84		95		88	
< Median income	72	p < .01	93		85	
> Median income	81		93		86	

	SHS causes Heart disease		**SHS causes respiratory problems problems in children**		**SHS causes SIDS**	
	%		**%**		%	
Total	75		91		36	
Men	70	p < .001	89	p < .001	29	p < .001
Women	80		94		45	
Current smoker	66	p < .01	85	p < .01	28	p < .001
Former smoker	78		90		33	
Non-smoker	77		94		42	
18-24	71		95		48	p < .001
25-34	77		94		47	
35-54	76		91		38	
55-64	72		88		23	
65+	74		91		26	
< College graduate	73		90		37	
>/= College graduate	79		93		36	
< Median income	76		93		46	p < .001
> Median income	74		90		31	

Section VI
Home Environment

	Live with smokers		Smoking not permitted in home		No one smoked in home	
	%		%		%	
Total	23		81		86	
Men	22		79		85	
Women	24		84		86	
Current smoker	61	p < .001	50	p < .001	50	p < .001
Former smoker	21		84		94	
Non-smoker	12		92		95	
18-24	31		86		87	
25-34	19		88		86	
35-54	24		80		84	
55-64	21		81		85	
65+	19		75		87	
< College graduate	23		81		85	
>/= College graduate	24		83		87	
< Median income	27		78	p < .01	84	
> Median income	21		85		87	
Children in home	28		86	p < .01	88	
No children in home	34		79		85	

	Exposed to SHS in car in past 7 days	
	%	
Total	22	
Men	23	
Women	21	
Current smoker	58	p < .001
Former smoker	18	
Non-smoker	11	
18-24	37	p < .001
25-34	23	
35-54	21	
55-64	14	
65+	17	
< College graduate	24	
>/= College graduate	16	
< Median income	25	
> Median income	20	

Section VII
Workplace Environment
Smoking should not be permitted in any part of workplace

	%	
Total	78	
Men	75	
Women	83	
Current smoker	58	p < .001
Former smoker	76	
Non-smoker	88	
18-24	76	
25-34	81	
35-54	79	
55-64	83	
65+	76	
< College graduate	77	
>/= College graduate	84	
< Median income	76	
> Median income	81	
All respondents	80	
Indoor workers	72	

Workplace Smoking Policies: Indoor Workers Only

	Not permitted in work areas		Not permitted in common areas		Exposed at work in in past 7 days	
	%		%		%	
Total	83		84		12	
Men	77	p < .01	79	p < .01	7	
Women	87		90		5	
Current smoker	77		84		15	p < .01
Former smoker	84		85		4	
Non-smoker	84		85		4	
18-24	*		*		*	
25-34	81		83		*	
35-54	79		85		*	
55-64	83		88		*	
65+	*		*		*	
< College graduate	79		83		*	
>/= College graduate	88		87		*	
< Median income	85		86		*	
> Median income	81		85		*	

* Blank cells contain fewer than 20 respondents.

Section VIII
Public Policy

	Aware of Clean Indoor Air Act	Approve of CIAA for Restaurants		Approve of CIAA for Bars	
	%	%		%	
Total	85	80		62	
Men	83	77	p < .01	59	
Women	88	84		65	
Current smokers	88	55	p < .001	22	p < .001
Former smokers	85	80		57	
Non-smokers	86	90		77	
18-24	80	78		69	
25-34	89	85		59	
35-54	86	80		59	
55-64	89	83		68	
65+	85	76		66	
< College graduate	86	78	p < .001	59	
>/= College graduate	85	86		66	
< Median income	83	80		58	
> Median income	88	80		64	

Effect of CIAA on Patronage

	Restaruants			Bars			
	No change	**More likely**	**Less likely**	**No change**	**More likely**	**Less likely**	
	%	%	%	%	%	%	
Total	59	34	7	65	23	12	
				p < .01			
Men	64	28	8	67	21	12	
Women	57	38	5	65	25	10	
				p<.001			p <
Current smoker	73	5	22	50	4	46	.001
Former smoker	30	30	3	75	21	4	
Non-smoker	55	43	2	77	30	3	
18-24	*	28	*	52	29	19	p < .01
25-34	*	30	*	58	24	18	
35-54	58	32	10	62	22	16	
55-64	53	35	12	52	21	28	
65+	*	41	*	39	22	39	
< College graduate	63	30	7	67	21	12	
>/= College graduate	58	37	5	65	26	9	
< Median income	62	31	7	69	19	12	
> Median income	60	34	6	65	25	10	

* Blank cells contain fewer than 20 respondents.

Smoking should not be permitted at all in…

	Restaurants		Bars	
Total	74		35	
Men	69	p < .001	30	
Women	80		36	
Current smokers	53	p < .001	7	p < .001
Former smokers	74		27	
Non-smokers	82		44	
18-24	69		18	p < .001
25-34	77		32	
35-54	74		30	
55-64	78		46	
65+	74		43	
< College graduate	73		33	
>/= College graduate	78		34	
< Median income	75		32	
> Median income	70		34	

	Smoking should not be permitted at all in …					
	Public buildings		**Malls**		**Indoor sports events, concerts**	
	%		%		%	
Total	81		81		85	
Men	77		77	p < .001	80	p < .001
Women	85		86		90	
Current smokers	69	p < .001	73	p < .001	76	p < .001
Former smokers	84		82		80	
Non-smokers	85		84		90	
18-24	84		89		70	p < .001
25-34	83		85		82	
35-54	81		78		85	
55-64	83		82		91	
65+	79		78		93	
< College graduate	80		80		82	p < .001
>/= College graduate	86		84		90	
< Median income	83		78		84	
> Median income	80		83		85	

	Tobacco companies should not be permitted to sponsor…			
	Sports events, concerts		Rodeos	
	%		%	
Total	65		46	
Men	59	p < .001	40	p < .001
Women	72		52	
				p < .001
Current smokers	54	p < .001	29	
Former smokers	62		45	
Non-smokers	71		52	
18-24	52	p < .001	31	p < .001
25-34	64		45	
35-54	63		43	
55-64	72		57	
65+	78		56	
< College graduate	66		46	
>/= College graduate	64		46	
< Median income	66		48	
> Median income	65		44	

	Support Increased Cigarette Tax			
	$2 or more	Up to $2	None	
Total	40	21	39	
Men	41	21	38	
Women	47	22	31	
Current smokers .	10	25	65	p < .001
Former smokers	39	28	33	
Non-smokers	57	17	26	
18-24	43	22	35	
25-34	52	20	28	
35-54	41	23	36	
55-64	42	22	36	
65+	45	18	37	
< College graduate	40	21	39	p < .001
>/= College graduate	51	22	27	
< Median income	41	26	33	
> Median income	46	19	36	

Tobacco Purchasing Patterns

What would you do if cigarette prices went up by…

	50 cents	**1 dollar**
	%	%
Switch brands	18	17
Smoker fewer	12	10
Try to quit	39	48
No change	31	25

Have you ever bought cigarettes...

	%
In a neighboring state	43
On an Indian Reservation	23
On the Internet	*

* Blank cells contain < 20 respondents..

Appendix 2

Montana Adult Tobacco Survey 2005 Questionnaire

1. Would you say that in general your health is
   Excellent
   Very good
   Good
   Fair
   Poor

2. Have you ever smoked at least 100 cigarettes in your entire life?*

3. Do you now smoke cigarettes every day, some days, or not at all?*

4. On the average, about how many cigarettes a day do you now smoke?*

5. During the past 30 days, on how many days did you smoke cigarettes?*

6. On the average, on days when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

7. About how long has it been since you last smoked cigarettes regularly?

8. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?*

9. When you quit smoking / The last time you tried to quit smoking,
   Did you use the nicotine patch, nicotine gum, or any other medication to help you quit?
   Did you use a telephone quit line?
   Did you use any other assistance such as classes or counseling?

10. Are you seriously considering stopping smoking within the next six months?*

11. Are you planning to stop smoking within the next 30 days?

12. Are you aware of assistance that might be available to help you quit smoking, such as telephone quit lines or local health clinic services?

13. In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?*

14. During the past 12 months, did any doctor, nurse, or other health professional advise you not to smoke?*

15. During the past 12 months, did any doctor, nurse, or other health professional ask you if you smoke?*

* Answer may invoke skip pattern.

16. In the past 12 months, when a doctor, nurse, or other health professional advised you to quit smoking, did they also do any of the following?
    Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler, or pills such as Zyban?
    Suggest that you set a specific date to stop smoking?
    Suggest that you call a toll-free quit line?
    Suggest that you use a smoking cessation class, program, or counseling?
    Provide you with booklets, videos, or other materials to help you quit smoking on your own?

17. The next time you try to quit smoking, will you be Very Likely, Somewhat Likely, Not Likely, Or Not At All Likely to use any of the following cessation services?
    Self-help materials such as booklets, videos, or other materials?
    An 800 toll-free quit line?
    Local cessation classes or a program?
    An on-line web-based cessation program?

18. Not including yourself, how many of the adults who live in your household smoke cigarettes, cigars, or pipes?

19. During the past seven days, on how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

20. Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches.
    Smoking is not allowed anywhere inside your home.
    Smoking is allowed in some places or at some times.
    Smoking is allowed anywhere inside your home.

21. I am now going to ask you some questions about workplace policies on smoking. My first question is about your employment status. I am going to read a list of alternatives to you. Please choose the first that applies. Are you currently…..*
    A student and employed for wages part-time or full-time
    A student
    Employed for wages part-time or full-time
    Self-employed
    Out of work for more than one year
    Out of work for less than one year
    A homemaker
    Retired
    Unable to work

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* Answer may invoke a skip pattern.

22. While working at your job, are you indoors most of the time?*

23. Do more than 20 people work for you/your employer?

24. As far as you know, in the past seven days, has anyone smoked in your work area?

25. Thinking about the past seven days, about how many hours and minutes were you exposed to other people's tobacco smoke at work?

26. Which of the following best describes your place of work's official smoking policy for work areas?
    Not allowed in any work areas
    Allowed in some work areas
    Allowed in all work areas
    No official policy

27. Which of the following best describes your place of work's official smoking policy for indoor public or common areas such as lobbies, rest rooms, and lunch rooms?
    Not allowed in any areas
    Allowed in some areas
    Allowed in all areas
    No official policy

28. Has the official smoking policy changed in the last 12 months?*

29. How did the policy change? Would you say it is
    More restrictive
    Less restrictive

30. In indoor work areas, do you think smoking should be
    Allowed in all areas
    Allowed in some areas
    Not allowed at all

31. In the past seven days, have you been in a car with someone who was smoking?

32. In the indoor dining area of restaurants, do you think smoking should be
    Allowed in all areas
    Allowed in some areas
    Not allowed at all

33. In indoor shopping malls, do you think smoking should be
    Allowed in all areas
    Allowed in some areas
    Not allowed at all

* Answer may invoke skip pattern.

34. In public buildings, do you think smoking should be
    Allowed in all areas
    Allowed in some areas
    Not allowed at all

35. In bars, taverns, and casinos, do you think smoking should be
    Allowed in all areas
    Allowed in some areas
    Not allowed at all

36. In indoor sporting events and concerts, do you think smoking should be
    Allowed in all areas
    Allowed in some areas
    Not allowed at all

37. Have you seen, read, or heard anything about a new Montana state law which prohibits smoking in public buildings?

38. Beginning October 1st of this year, a new state law prohibited smoking in all public buildings and restaurants. Do you
    Approve strongly
    Approve somewhat
    Disapprove somewhat
    Disapprove strongly

39. Beginning in September 2009, smoking will be prohibited in bars. Do you
    Approve strongly
    Approve somewhat
    Disapprove somewhat
    Disapprove strongly

40. During the past 12 months, about how often have you eaten out at a restaurant?* Would you say
    More than once a week
    About once a week
    About once or twice a month
    Less often than once a month
    Never

41. In the past three months, when you were eating in a restaurant, how often did you see someone smoking?*
    Never
    Rarely
    Sometimes

* Answer may invoke a skip pattern.

Often
Always

42. During your last visit to a restaurant, was anyone to your knowledge smoking in the restaurant area?

43. During you last visit to a restaurant, did you smoke in the restaurant area?

44. During your last visit to a restaurant, did you go outside the establishment to smoke?

45. On October 1st, 2005 smoking was prohibited in restaurants in Montana. Will you be more likely to visit restaurants, less likely, or the smoking ban does not affect how often you will go to restaurants?

46. During the past 12 months, have you visited a bar, tavern, or nightclub, including those that are attached to a restaurant, hotel, or casino?*

47. How often do you visit such establishments? Would you say
    Less often than once a month
    About once a month
    Two to three times a month
    About once a week
    More often than once a week
    Never

48. Which of the following best describes the kind of bar or bars you go to on these occasions?
    A stand-alone bar or lounge
    A bar connected to a restaurant or hotel
    A bar connected to a casino or card club
    A nightclub where there is music or entertainment
    Some other type of place

49. In the past three months, when you have visited a bar, how often did you see someone smoking?
    Never
    Rarely
    Sometimes
    Often
    Always

50. During your last visit, was anyone to your knowledge smoking in the bar area?

51. During your last visit, did you smoke in the bar area?

* Answer may invoke a skip pattern.

52. During your last visit, did you go outside the bar to smoke?

53. In September 2009 smoking will be prohibited in bars in Montana. Will you be more likely to visit them, less likely to visit them, or will the smoking ban not affect how often you will go to bars?

54. How important is it to you to have a smoke-free environment inside bars, lounges, clubs, and restaurants?
    Very important
    Somewhat important
    Not too important
    Not at all important

55. Tobacco use by adults should not be allowed on school grounds or at any school events.
    Strongly agree
    Agree
    Disagree
    Strongly disagree

56. Do you think sponsorship of sporting events or concerts by tobacco companies should be allowed?

57. Do you think sponsorship of rodeos by tobacco companies should be allowed?

58. If a person has smoked a pack of cigarettes a day for more than 20 years, there is little benefit to quitting smoking.
    Strongly agree
    Agree
    Disagree
    Strongly disagree

59. Do you think that breathing smoke from other people's cigarettes is
    Very harmful to one's health
    Somewhat harmful to one's health
    Not very harmful to one's health
    Not harmful at all to one's health

60. Would you agree that smoke from other people's cigarettes causes
    Lung cancer in adults
    Heart disease in adults
    Colon cancer in adults
    Respiratory problems in children
    Sudden Infant Death Syndrome

61. What is your age?
62. How many children age 17 or younger live in your household?

63. Are you Hispanic or Latino?

64. Which one or more of the following would you say is your race?*
    - White
    - Black or African American
    - Asian
    - Native Hawaiian or other Pacific Islander
    - American Indian or Alaska Native
    - Other

65. Which one would you say best represents your race?

66. Are you
    - Married
    - Divorced
    - Widowed
    - Separated
    - Never married
    - A member of an unmarried couple

67. What is the highest level of school you completed or the highest degree you received?
    - Never attended school or only attended kindergarten
    - Grades 1 through 8 (elementary)
    - Grades 9 through 11 (some high school)
    - Grade 12 (high school graduate)
    - GED
    - Some college, no degree
    - AA, Technical/Vocational
    - AA, Academic
    - BA/BS (college graduate)
    - Some graduate or professional school
    - Graduate or professional degree

68. Is your household income from all sources

$75,000 or more	Less than $25,000
Less than $75,000	Less than $20,000
Less than $50,000	Less than $15,000
Less than $35,000	Less than $10,000

69. Are you pregnant now?

* Answer may invoke a skip pattern

70. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.*

71. How many of there are residential numbers?

72. What county do you live in?

73. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

74. Do you currently have Medicaid or Medical Assistance as a type of health insurance?

75. How old were you the first time you smoked a cigarette, even one or two puffs?

76. How old were you when you first started smoking cigarettes regularly?

77. What brand of cigarettes do you smoke most often?

78. In the last 12 months, have you ever bought cigarettes in a neighboring state?

79. In the past 12 months, have you ever bought cigarettes on an Indian Reservation?

80. In the past 12 months, have you ever bought cigarettes on the Internet?

81. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?*

82. How old were you when you tried chewing tobacco or snuff for the first time?

83. How old were you when you first started chewing tobacco or using snuff regularly?

84. Do you currently use chewing tobacco or snuff every day, some days, or not at all?*

85. About how long has it been since you last used chewing tobacco or snuff regularly?*

86. During the past 12 months, have you stopped using chewing tobacco or snuff for one day or longer because you were trying to quit?*

87. When you quit using chewing tobacco or snuff / The last time you tried to quit using chewing tobacco or snuff,
    Did you use the nicotine patch, nicotine gum, or any other medication to help you quit?
    Did you use a telephone quit line?

* Answer may invoke a skip pattern

Did you use any other assistance such as classes or counseling?

88. Are you seriously considering stopping using chewing tobacco or snuff within the next six months?*

89. Are you planning to stop using chewing tobacco or snuff in the next 30 days?

90. Are you aware of assistance that might be available to help you quit using chewing tobacco or snuff, such as telephone quit lines or local health clinic services?

91. During the past 12 months, did a doctor, nurse, or other health professional advise you not to use chewing tobacco or snuff?

92. During the past 12 months, did any doctor, nurse, or other health professional ask you if you use chewing tobacco or snuff?

93. The next time you try to quit using chewing tobacco or snuff, will you be Very Likely, Somewhat Likely, Not Likely, Or Not At All Likely to use any of the following cessation services?
    Self-help materials such as booklets, videos, or other materials?
    An 800 toll-free quit line?
    Local cessation classes or a program?
    An on-line web-based cessation program?

94. I am going to read a list of medical condition that many people have. After each one, please tell me if you have ever been told by a doctor or other health professional that you have that condition.
    A heart attack, also called a myocardial infarction
    Angina or coronary heart disease
    A stroke
    Chronic obstructive pulmonary disease or COPD
    Asthma
    Emphysema
    Diabetes; Was this only when you were pregnant?

95. Earlier you said there were ____ children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

* Answer may invoke a skip pattern.

96. How much additional tax on a pack of cigarettes would you be willing to support if some or all of the money raised was used to support tobacco use prevention programs in Montana?
    - More than two dollars a pack
    - Two dollars a pack
    - One dollar a pack
    - Fifty cents a pack
    - Less than fifty cents a pack
    - No tax increase

97. If the price per pack of all cigarettes went up by 50 cents, what would you most likely do?
    - Switch to a cheaper brand
    - Smoke fewer cigarettes
    - Try to quit
    - Not change

98. What if the price went up by a dollar?
    - Switch to a cheaper brand
    - Smoke fewer cigarettes
    - Try to quit
    - Not change